

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90087 005 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040608

1. Entity Name

AREC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1325 E. 4 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1325 E. 4 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALEAH - FL

City & State

HALEAH - FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0419645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ARTHUR F. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

1325 E. 4 AVENUE

City

HALEAH

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>P/D</u>	TITLE	
NAME	<u>ARTHUR F. RODRIGUEZ</u>	NAME	
STREET ADDRESS	<u>1325 E. 4 AVENUE</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>HALEAH - FL 33010</u>	CITY - ST - ZIP	
TITLE	<u>S/D</u>	TITLE	
NAME	<u>ANGELINA L. RODRIGUEZ</u>	NAME	
STREET ADDRESS	<u>1325 E. 4 AVENUE</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>HALEAH - FL 33010</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: ARTHUR F. RODRIGUEZ ARTHUR F. RODRIGUEZ 4-20-02 305-887-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #