2001 UNIFORM BUSINESS REPORT (UBR)

This /Lodich Arturo (Lod)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000072020 ARELCO CORPORATION 05-04-2001 90169 014 ***150.00 Principal Place of Business Mailing Address 3711 S.W. 106TH AVENUE 3711 S.W. 106TH AVENUE MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3: Mailing Address Suite, Apt. #, etc. · Suite; Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0442778 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ARTURO Street Address (P.O. Box Number is Not Acceptable) 3711 S.W. 106TH AVENUE MIAMI FL 33165. City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, ARTURO NAME NAME STREET ADDRESS 3711 S.W. 106TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33165 Change ☐ Addition ☐ Delete TITLE LLERENA, LEONOR F NAME NAME STREET ADDRESS 3711 S.W. 106TH AVE. STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP MIAMI FL 33165 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.