FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am P93000085211 DOCUMENT # **Secretary of State** 1. Entity Name ARENAL BUILDING ENTERPRISES, INC. 03-07-2002 90031 018 ***150.00 Principal Place of Business Mailing Address 9688 SW 24 ST 9688 SW 24 ST 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 65-0454468 Not Applicable Zip Country Zip 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 MARQUEZ, JOSE M Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJUENE RD **SUITE 548** MIAMI FL 33126 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE ☐ Delete TITLE HERRAN, MANUEL A NAME NAME 8460 S.W. 5TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME GUERRA, ARMANDO J NAME STREET ADDRESS 9475 JOURNEY'S END ROAD STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITL F TITLE VALDES, DANIEL NAME 9755 SW 62 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE HERRAN, JOSE STREET ADDRESS 8455 GRAND CANAL DR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR