

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058877

1. Entity Name

ARACE DESIGNS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90158 018 ***150.00

Principal Place of Business

Mailing Address

9252 BEAVER COVE
APOPKA FL 32703
US

9252 BEAVER COVE
~~9252 BEAVER COVE~~
APOPKA FL 32703-1958
US

LUUU6233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARACE, DIRK
9252 BEAVER COVE
APOPKA FL 32703

Name

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

City

FL

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

Dirk Arace DIRK ARACE PRESIDENT

1/11/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARACE, DIRK**
STREET ADDRESS **618 RENAISSANCE POINTE, #203**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **P** ☒ Change ☐ Addition
NAME **DIRK ARACE**
STREET ADDRESS **9252 BEAVER COVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **S** ☐ Delete
NAME **HOCHMAN, KAREN**
STREET ADDRESS **618 RENAISSANCE POINTE, #203**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **KAREN ARACE**
STREET ADDRESS **9252 BEAVER COVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **T** ☐ Delete
NAME **ARACE, DAWN**
STREET ADDRESS **322 CHELMSFORD COURT**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Dirk Arace DIRK ARACE PRESIDENT

Date

Daytime Phone #

1/11/00 (407) 295 7418

CR2E034 (9/99)