

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90005 048 ***150.00

DOCUMENT # P94000068250

1. Entity Name
ARCE ENTERPRISES, INC.

Principal Place of Business Mailing Address
18285 OLD CHANEY **18285 OLD CHANEY**
ORLANDO FL 32820 **ORLANDO FL 32820-2952**

2. Principal Place of Business 3. Mailing Address
18285 Old Chaney Hwy **18285 Old Chaney Hwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Orlando Florida** City & State **Orlando Florida**
Zip **32820** Country **Orange** Zip **32820** Country **Orange**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3264821** Applied For
Not Applicable
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
ARCE, MIGUEL
18285 OLD CHANEY
ORLANDO FL 32820
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 _____ (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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCE, MIGUEL		NAME		
STREET ADDRESS	18285 OLD CHANEY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32820		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCE, ANABELLA		NAME		
STREET ADDRESS	18285 OLD CHANEY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32820		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCE, MIGUEL		NAME		
STREET ADDRESS	18285 OLD CHANEY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32820		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 of the like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (5-00)