

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90096 041 ***150.00

0214861

DOCUMENT # P94000070561

1. Entity Name
ARENCO, INC.

Principal Place of Business
9746 NW 4TH LANE
MIAMI FL 33172
US

Mailing Address
9746 NW 4TH LANE
MIAMI FL 33172
US

00036559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~175 FONTAINEBLEAU BLVD~~
 Suite, Apt. #, etc.

3. Mailing Address
~~175 FONTAINEBLEAU BLVD~~
 Suite, Apt. #, etc.

21 City & State

21 City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip Country
33172 EEUU

Zip Country
33172 EEUU

4. FEI Number **65-0526738**

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

POSADA, MARIA T
9746 NW 4TH LANE
MIAMI FL 33172

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	POSADA, OSCAR A	
STREET ADDRESS	9746 NW 4TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSADA, MARIA T	
STREET ADDRESS	9746 NW 4TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *[Signature]* **MARIA TERESA POSADA** *[Signature]* **4/10/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)