

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90013 045 ***550.00

A0078957

DO NOT WRITE IN THIS SPACE

DOCUMENT # P940000087408

1. Entity Name

Aremar Trading Corp.

Principal Place of Business

Mailing Address

18740 N.W. 3rd St. 18740 N.W. 3rd St.
 Pembroke Pines, FL 33029 Pembroke Pines, FL 33029

2. Principal Place of Business

7270 N.W. 12th St.

3. Mailing Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Suite 761

Suite, Apt. #, etc.

Suite 761

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0534775

Applied For

Not Applicable

Zip
 33126-1929

Country

U.S.A.

Zip

33126-1929

Country

U.S.A.

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

Ravelo, Rose M.
 18740 N.W. 3rd St.
 Pembroke Pines, FL 33029

Name

Ravelo, Rafael

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

7270 N.W. 12th St.

Suite 761

City

Miami

FL

Zip Code

33126-1929

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

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/P/S/T ☒ Delete
 NAME Ravelo, Rose M.
 STREET ADDRESS 18740 N.W. 3rd St.
 CITY - ST - ZIP Pembroke Pines, FL 33029

TITLE D/P/S/T ☐ Change ☒ Addition
 NAME Ravelo, Rafael
 STREET ADDRESS 7270 N.W. 12th St., Suite 761
 CITY - ST - ZIP Miami, FL 33126-1929

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE ☐ Delete
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 CITY - ST - ZIP

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: Rafael Ravelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #