

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039180

1. Entity Name

ARNET PEREYRA, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90068 028 ***150.00

Principal Place of Business

Mailing Address

3795 FLY PARK DRIVE
ROCKLEDGE FL 32955
US

3795 FLY PARK DRIVE
ROCKLEDGE FL 32955-4739
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3295403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREYRA, CARLOS
2091 SYKES CREEK DRIVE
MERRITT ISLAND FL 32952

Name Pereyra, Carlos
Street Address (R.O. Box Number is Not Acceptable)

3795 Fly Park Drive

City Rockledge

FL

Zip Code 32955

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, 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
NAME PEREYRA, CARLOS
STREET ADDRESS 2091 SYKES CREEK DR
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

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

TITLE VP
NAME ARNETTE, GREG
STREET ADDRESS 1808 N INDIAN RIVER RD
CITY-ST-ZIP NEW SMYRNA BEACH FL ☒ Delete

TITLE VP
NAME Carolina Pereyra
STREET ADDRESS 2091 Sykes Creek Dr.
CITY-ST-ZIP Merritt Isl. Fl. 32953 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

321 635 8005

Daytime Phone #

CR2E034 (9/99)