

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000004687**

1. Entity Name
ARSE CORPORATION

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90063 007 ***150.00

Principal Place of Business
**802 NW 87TH AVENUE
SUITE #521
MIAMI FL 33172**

Mailing Address
**802 NW 87TH AVENUE
SUITE #521
MIAMI FL 33172**

2. Principal Place of Business
14371 SW 45 TERRACE

3. Mailing Address
14371 SW 45 TERRACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0644476**

☒ Applied For
☐ Not Applicable

Zip
33175

Country

Zip
33175

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

**ARMANDO, SEGURA A
802 NW 87TH AVENUE
SUITE #521
MIAMI FL 33172**

Name
Armando SEGURA

Street Address (P.O. Box Number is Not Acceptable)
14371 SW 45 TERRACE

City
Miami

FL

Zip Code
33175

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 **ARMANDO SEGURA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
04-04-01

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
P
NAME
SEGURA, ARMANDO
STREET ADDRESS
802 NW 87TH AVENUE, STE. 521
CITY-ST-ZIP
MIAMI FL 33172

☐ Delete

TITLE
P
NAME
SEGURA, ARMANDO
STREET ADDRESS
14371 SW 45 TERRACE
CITY-ST-ZIP
MIAMI-FL-33175

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information submitted 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

Date

Daytime Phone #

04-04-01 (305) 502-5425

0218706

CR2E034 (10/00)