

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90034 044 ***150.00

DOCUMENT # P96000032070

1. Entity Name
AROCHA HOME, INC.

Principal Place of Business

Mailing Address

**AROCHA HOME
 3810 NW 2 TER
 MIAMI FL 33126
 US**

**AROCHA HOME
 3810 NW 2 TER
 MIAMI FL 33126-5718
 US**

2. Principal Place of Business

3. Mailing Address

Archo Home
 Suite, Apt. #, etc.

3810 NW 2 Ter
 Suite, Apt. #, etc.

City & State

City & State

Miami

Fl. 33126

4. FEI Number

65-0658117

Applied For

Not Applicable

Zip

Country

Zip

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

**AROCHA, GUILLERMINA V
 3810 NW 2 TERRACE
 MIAMI FL 33126**

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

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:

**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	PSD	<input type="checkbox"/> Delete
NAME	AROCHA, GUILLERMINA V	
STREET ADDRESS	3810 NW 2 TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermina Archo 6/10/00
 Date Daytime Phone #

CR1E034 (9/99)