

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009782

1. Entity Name  
ARCCA, INC.

**FILED**  
00 NOV 20 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 13920 ALAMANDA AVENUE, MIAMI LAKES FL 33014  
Mailing Address: 13920 ALAMANDA AVENUE, MIAMI LAKES FL 33014



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

**REINSTATEMENT** *J000*

4. FEI Number: 65-0729042  
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

HIDALGO, ALFREDO  
13920 ALAMANDA AVENUE  
MIAMI LAKES FL 33014

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: *Alfredo Hidalgo* Alfredo Hidalgo  
Signature, typed or printed name of registered agent and type 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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	HIDALGO, ALFREDO	
STREET ADDRESS	13920 ALAMANDA AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELA ROSA, RAMON	
STREET ADDRESS	13921 CYPRESS COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003493306-3	
CITY-ST-ZIP	-12/11/00--01036--015	
	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* **SIGNATURE REQUIRED** 10-27-00 (305) 4483728  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)