

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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 AIFredo 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 ☐ Delete
NAME HIDALGO, ALFREDO
STREET ADDRESS 13920 ALAMANDA AVENUE
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Change ☐ Addition
NAME 600003493306-1-3
STREET ADDRESS -12/11/00--01036--015
CITY-ST-ZIP *****750.00 *****750.00

TITLE ☐ Delete
NAME VP
STREET ADDRESS DELA ROSA, RAMON
CITY-ST-ZIP 13921 CYPRESS COURT
MIAMI LAKES FL 33014

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-00

(305) 4483728

Date

Daytime Phone #

CR2E034 (5/00)