

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90212 021 \*\*\*150.00

**DOCUMENT # P97000020244**

1. Entity Name

ARC DEVELOPMENT GROUP, INC.

Principal Place of Business

7812 LAUREL OAK LN  
 KISSIMMEE FL 34747  
 US

Mailing Address

12179 S APOPKA VINELAND RD  
 STE 527  
 ORLANDO FL 32836  
 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

59-3433150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MANENT, JR JOSE ANTONI  
 12179 S APOPKA VINELAND RD  
 STE 527  
 ORLANDO FL 32836

7. Name and Address of New Registered Agent

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE<br>NAME  | PSD<br>MANENT, JOSE ANTONIO J | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7812 LAUREL OAK LN            |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34747            |                                 |
| TITLE<br>NAME  | VTD<br>FERNANDEZ, JUAN S      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 15089 MONTROSE RD             |                                 |
| CITY-ST-ZIP    | MIAMI LAKES FL 33016          |                                 |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*JOSE A. MANENT JR.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

407-390-9532

Daytime Phone #

CR2E034 (9/01)