

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0246912 AV

04-16-2003 90243 012 ***150.00

DOCUMENT # P97000066466

1. Entity Name
ARENAS INSURANCE AGENCY, INC.



Principal Place of Business
**3195 NW 54 STREET
MIAMI FL 33142**

Mailing Address
**3195 NW 54 STREET
MIAMI FL 33142**



2. Principal Place of Business
14011 Leaning Pine DR
Suite, Apt. #, etc.
Miami Lakes, FL.
City & State

3. Mailing Address
14011 Leaning Pine DR
Suite, Apt. #, etc.
Miami Lakes, FL.
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0785116** Applied For
Not Applicable

Zip **33014** Country **USA** Zip **33014** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ARENAS, ILDELISA
3195 NW 54 STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name **Arenas, Ildelisa**
Street Address (P.O. Box Number is Not Acceptable)
14011 Leaning Pine DR
City **Miami Lakes** **FL** Zip Code **33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ARENAS, ILDELISA**
STREET ADDRESS **3195 NW 54 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **SD** ☐ Delete
NAME **HIDALGO, NOEMI**
STREET ADDRESS **3195 NW 54 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14011 Leaning Pine DR**
CITY-ST-ZIP **Miami Lakes, FL. 33014**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14011 Leaning Pine DR**
CITY-ST-ZIP **Miami Lakes, FL. 33014**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ILDELISA ARENAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 (305) 821-1044
Date Daytime Phone #

CR2E034 (10/02)