

**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.**

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

City & State
Miami Lakes, FL.



CHECK HERE IF MAKING CHANGES

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

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARENAS, ILDELISA	
STREET ADDRESS	3195 NW 54 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIDALGO, NOEMI	
STREET ADDRESS	3195 NW 54 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14011 Leaning Pine DR	
CITY-ST-ZIP	Miami Lakes, FL. 33014	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14011 Leaning Pine DR	
CITY-ST-ZIP	Miami Lakes, FL. 33014	
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		

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* **4-11-03** **(305) 821-1044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)