

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072266

1. Entity Name

A.R.L. FENCE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90060 048 \*\*\*150.00

Principal Place of Business

Mailing Address

3680 INVERRARY DRIVE  
APT 3H  
LAUDERHILL FL 33319

3680 INVERRARY DRIVE  
APT 3H  
LAUDERHILL FL 33319-5932

2. Principal Place of Business

3. Mailing Address

9360 NW 24 CRT  
Suite, Apt. #, etc.

9360 NW 24 CRT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SUNRISE

SUNRISE

4. FEI Number

65-0776932

Applied For

Not Applicable

Zip

Country

Zip

Country

33322 USA

33322 USA

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

GONZALEZ, RAUL R  
3680 INVERRARY DRIVE  
APT 3H  
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

9360 NW 24 CRT

City

SUNRISE

FL

Zip Code

33322

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GONZALEZ, RAUL R  
STREET ADDRESS 3680 INVERRARY DR, APT 3H  
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

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

TITLE VSD  
NAME GONZALEZ, LILIAM  
STREET ADDRESS 3680 INVERRARY DR, APT 3H  
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

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

TITLE TD  
NAME PEREZ, HUMBERTO  
STREET ADDRESS 738 EAST 53 STREET  
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00 (954) 747-4883  
Date: 4/2/00 Phone #

CR2F034 (9/99)