

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90111 025 ***150.00

DOCUMENT # **97000182952** ✓
1. Entity Name

ARAED ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1800 NW 24TH AVE** 3. Mailing Address **1800 NW 24TH AVE**

Suite, Apt. #, etc. **814** Suite, Apt. #, etc. **814**

City & State **MIAMI FL** City & State **MIAMI FL**

Zip **33125** Country **USA** Zip **33125** Country **USA**

4. FEI Number **65-0789540** Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

DELGADO, MIGUEL A.
DO NOT WRITE IN THIS SPACE
1800 NW 24TH AVE #814
MIAMI FL 33125

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PS DELGADO MIGUEL 1800 NW 24TH AVE #814 MIAMI FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Miguel Delgado**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02 **(305) 639-8757**
Date Daytime Phone #

MIGUEL DELGADO

CR2E034B (12/01)

Attachment Document #

Pg 70000 82952

822326

Dear Sir (s) or Madam (s):

Please check the address of my Corporation in your records. In your records appears:
1800 NW 24th. Ave. Apto. 84A. The right one is: Apto. 814.

Thanks too much for your attention.
