

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092440

1. Entity Name
ARLYS SERVICES, CORP.

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90009 046 ***150.00

Principal Place of Business
2235 SW 69 AVE
MIAMI FL 33155

Mailing Address
2235 SW 69 AVE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0786338

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CONNIE BOWERS AND ASSOCIATES, INC.
16938 S DIXIE HWY
MIAMI FL 33157

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME RIVERO, RAMON M.
STREET ADDRESS 2235 SW 69TH AVE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 in all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 (305) 265-3829
Daytime Phone #

CR2E034 (5/00)



8970000 9240

\$ 0103572

Attachment

ARLY'S SERVICE CORP.

Pick-up & Delivery Services

Miami, July 21, 2000

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION**

REF: 2000 UNIFORM BUSINESS REPORT

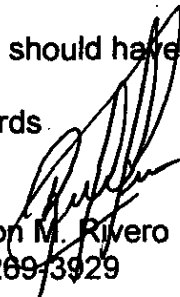
ATTN: CUSTOMER SERVICE

In regards to the 2000 Uniform Business Report Application and fine, I received by mail a Second Notice, never receiving the First Notice.

Therefore I contacted your office at (850) 488-9000 and spoke with a lady by the name of Amy. Ms. Amy instructed me to mail in a check for \$150.00 along with the attached application and this letter explaining that I never received the First Notice.

If you should have any questions, please feel free to contact the undersigned.

Regards


Ramon M. Rivero
305-269-3929