

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 020 ***150.00

DOCUMENT # P97000092440**1. Entity Name**
ARLYS SERVICES, CORP.**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

Zip

Country

Zip

Country

4. FEI Number 65-0786338

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CONNIE BOWERS AND ASSOCIATES, INC.**
16938 S DIXIE HWY
MIAMI FL 33157**7. Name and Address of New Registered Agent**

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. 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

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, 2002 Fee 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****TITLE** **P** ☐ Delete
NAME **RIVERO, RAMON M.**
STREET ADDRESS **2235 SW 69TH AVE**
CITY-ST-ZIP **MIAMI FL 33155****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 with all other like empowered.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 871031
Doc. # P97000092440

August 22, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

ARLYS SERVICES, CORP.
DOCUMENT #: P97000092440

To whom it may concern:

We did not receive the first notice of 2002 Uniform Business Report and for this reason we were not able to send this report on time. Please waive any penalties because this is the first year filing corporate taxes, and we did not know that we had to send this report.

Attached you will find our 2002 Uniform Business Report and a check for \$150.00

Any questions or concerns feel free to contact us.

Sincerely Yours,



Ramon M. E. Vero-President