

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90610 006 ***150.00

DOCUMENT # P98000029988

1. Entity Name
ARCADIA INVESTMENT LTD. CO.

Principal Place of Business Mailing Address
4338 S.W. 8TH STREET **4338 S.W. 8TH STREET**
MIAMI FL 33134 **MIAMI FL 33134-2673**

948095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1349 Washington Ave. *1349 Washington Ave.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI Beach FL. *Miami Beach FL.*
 Zip Zip
33139 *33139*

4. FEI Number Applied For
65-0824419 ☐ Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
☐

6. Name and Address of Current Registered Agent
LIMBERI-MCALLEN, A M
4338 S.W. 8TH STREET
MIAMI FL 33134

7. Name and Address of New Registered Agent
 Name *MADALEINE ROMANELLO*
 Street Address (P.O. Box Number is Not Acceptable)
1349 Washington Ave.
 City *MIAMI Beach* FL Zip Code *33139*

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 (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		
TITLE	D	<input type="checkbox"/> Delete
NAME	LIMBERI-MCALLEN, A M	
STREET ADDRESS	4338 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>PI</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ROMANELLO MADALEINE</i>	
STREET ADDRESS	<i>1349 Washington Ave.</i>	
CITY-ST-ZIP	<i>MIAMI Beach FL. 33139</i>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)