

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029988

1. Entity Name

ARCADIA INVESTMENT LTD. CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 12:57

Principal Place of Business
1349 WASHINGTON AVENUE
MIAMI FL 33139

Mailing Address
1349 WASHINGTON AVENUE
MIAMI FL 33139

2. Principal Place of Business
210 71ST ST
Suite, Apt. #, etc.
307

3. Mailing Address
210 71ST ST
Suite, Apt. #, etc.
307

City & State
MIAMI BEACH FL
Zip
33141
Country
USA

City & State
MIAMI BEACH FL
Zip
33141
Country
USA

4. FEI Number 65-0824419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANELLO, MADA L
1349 WASHINGTON AVENUE
MIAMI FL 33139

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.

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, 2001 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 PD
NAME ROMANELLO, MADA L
STREET ADDRESS 1349 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROMANELLO, MADELEINE
STREET ADDRESS 210 71ST ST # 307
CITY-ST-ZIP MIAMI BEACH FL 33141 ☒ Change ☐ Addition

TITLE
NAME 8000004374958
STREET ADDRESS -06/07/01 --01011 --001
CITY-ST-ZIP *****200.00 *****150.00 ☐ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

M. Romanello

4/24/01 3058676788