

"AMENDED"

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800096682					03 DEC 17 PH 12: 31			
ARROW SALES AND SERVICES, INC.					SECRETATION SECRETAL	CA STATE		
Principal Place 11205 N.W. PEMBROKE P	026				`			
2. Principal Place of Business		3. Mailing Address						!
- Suite, Apt. #, etc.		Suite, Apt. #, etc.		. L. .	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 65-0880819	⊢	Applied For Not Applicable	-
Zip	Country	Zip	Country		Certificate of Status Desired	□ \$8.75 A		
		7.	Name and Address of New Re	gistered Agent		1		
LA PADURA, ROSALIE 11205 N.W. 14TH COURT			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE	E PINES, FL 33026			·				
			City	City FL Zip Code				
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	r registered aç	gent, or both, in the State of Flori	da. I am familiar with	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if an ulicable. (NOTE:	Regisiered Agentsignal	une necured when n	enstuinu)	CATE		
Λ ε ι Make Check	FILE NOWITH FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 (Payable to Florida Department o		~	in Standing	9. Election Campaign Final Trust Fund Contribution.	ocing \$5.	00 May Be ed to Fees	
10.	OFFICERS AND (DIRECTORS	11.	AC	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	1_
TITLE	D DODANIE	☐ Oelete	TITLE	DID	1 V	☐ Change	Addition	707
NAME STREET ADDRESS	LA PADURA, ROSALIE 11205 N.W. 14TH COURT		NAME STREET ADDRESS	PU YA	dura, Frank	wt.	}	
CITY-ST-2P	PEMBROKE PINES, FL 33026		CITY-ST-2IP	Dowy	loke Pines, F	2200	l	8
TITLE NAME STREET ADDRESS CITY-ST-ZP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vendor	TONE THES I P	☐ Change	Addition	CR2E034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P		0000255 12/17/0301011	□ Change 001 **51		
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	1 12 1	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			□ Change	☐ Actolition	
TITLE NAME STREET ADDRESS CITY-ST-2P	ertify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	

2...I nereby 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 cath; 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 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

aradura PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 103