

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90033 036 ***150.00

DOCUMENT # P98000106978

1. Entity Name

ARCADIA FLORIDA FISH, INC.

Principal Place of Business

**11032 SYLVAN POND CIRCLE
 ORLANDO FL 32825**

32

Mailing Address

**11032 SYLVAN-POND CIRCLE
 ORLANDO FL 32825**

32

2. Principal Place of Business

14746 Yorkshire Run Dr.

Suite, Apt. #, etc.

3. Mailing Address

14746 Yorkshire Run Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32828

Country

U.S.A

Zip

32828

Country

U.S.A

4. FEI Number

59-3550450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SIERRA, RODRIGO

**11032 SYLVAN POND CIRCLE
 ORLANDO FL 32825**

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, 2002 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** ☐ Delete
 NAME **SIERRA, RODRIGO**
 STREET ADDRESS **11032 SYLVAN POND CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☒ Delete
 NAME **FRANCO, LUIS G**
 STREET ADDRESS **3653 SE CR 760 A**
 CITY-ST-ZIP **ARCADIA FL 32466**

TITLE **D** ☐ Delete
 NAME **ANGEL, RICARDO**
 STREET ADDRESS **CALLE 122 BIS NO. 25-45 SUITE 301**
 CITY-ST-ZIP **SANTA FE DE BOGOTA COLOMBIA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **SIERRA, RODRIGO**
 STREET ADDRESS **14746 YORKSHIRE RUN DRIVE**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32828**

TITLE **D** ☐ Change ☒ Addition
 NAME **HUGO HERNANDEZ**
 STREET ADDRESS **2567 PORTERVIEW WAY**
 CITY-ST-ZIP **ORLANDO, FL 32812**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 #

1-14-02 407/657-0331

CR2E034 (9/01)