

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90940 049 \*\*\*150.00

**DOCUMENT # P99000010449**

1. Entity Name  
**AR FINANCIAL SERVICES, INC.**

Principal Place of Business  
**11831 SOUTHWEST 26TH TERRACE**  
**MIAMI FL 33175**

Mailing Address  
**11831 SOUTHWEST 26TH TERRACE**  
**MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9940 ROYAL PALM BLVD.**

3. Mailing Address  
**9940 ROYAL PALM BLVD.**

Suite, Apt. #, etc.  
**CORAL SPRINGS**

Suite, Apt. #, etc.  
**CORAL SPRINGS**

City & State  
**FL**

City & State  
**FL**

4. FEI Number  
**65-0886656**

Applied For  
☐ Not Applicable

Zip  
**33065**

Country  
**USA**

Zip  
**33065**

Country  
**FL**

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

## 6. Name and Address of Current Registered Agent

**RODRIGUEZ, ALEX**  
**11831 SOUTHWEST 26TH TERRACE**  
**MIAMI FL 33175**

## 7. Name and Address of New Registered Agent

Name  
**ALEX RODRIGUEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9940 ROYAL PALM BLVD.**  
 City  
**CORAL SPRINGS FL** Zip Code  
**33065**

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)

**3/25/02**

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  
**PSD**  
 NAME  
**RODRIGUEZ, ALEX**  
 STREET ADDRESS  
**11831 SOUTHWEST 26TH TERRACE**  
 CITY-ST-ZIP  
**MIAMI FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**9940 ROYAL PALM BLVD.**  
**CORAL SPRINGS, FL 33065**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  
 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 an other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02**

Date

**305-610-7656**

Daytime Phone #

CR2E034 (9/01)