Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # P990(ARROW, INC.	00011687			Secretary 08-06-2001 90074			
Principal Place of Business 1943 NW 97TH AVENUE MIAMI FL 33172		Mailing Address 1943 NW 97TH AVENUE MIAMI FL 33172	()	2				
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Nu	umber 65-0895372	Applied For Not Applicable		7
Zip	Country	Zip	Country	5. Certific	cate of Status Desired ,	\$9.75	ditional	1
	6. Name and Address of Current	Registered Agent	,	7. Name	and Address of New Registe			1
		<u> </u>	Name	्र चि र्ग क्र		7		1-
	ld, arnold 97th avenue		Street Addre	ss (P.O. Box Nu	umber is Not Acceptable)			
² MIAMI FL	33172							l
			City			FL Zip Cod	le	1
9. This corpo	Signature, typed or printed name of registered agent contains is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOT) FILE NOW! After September 12	E: Registered Agent signature rec III FEE IS \$550.00 2, 2001 Fee will be \$7	uired when reinstating		_ +	• • • • • • • • • • • • • • • • • • •	\
	ria on back)		ole to Department of					}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, ARNOLD E 1943 NW 97TH AVENUE MIAMI FL 33172	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIO	NS/CHANGES TO OFFICERS	AND DIRECTOR Change	S IN 11	E034 (5/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	18
TITLE NAME STREET ADDRESS - CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	the exemption stated in ny signature shall have t	Section 119.07 he same legal e	(3)(i), Florida Statutes. I furthe	r certify that the in at I am an officer	nformation or director	

AHachment Hpggvvvill687 774194

STUART LIPINSKY, CPA, P.A. 520 N.W. 165TH STREET ROAD SUITE 213

MIAMI, FLORIDA 33169 PRODUCTION OF THE PROPERTY OF THE PROPERT

July 31, 2001

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Falcon Arrow, Inc. ID #: 65-0895372

Dear Sir or Madam:

I have been in touch with your office and ask for your kindness.

The prior year, my client received a Form from your office, but this year, no preprinted Form Arrived. My Client, in addition to this corporation, pays the State for three other corporations timely.

Please abate all penalties.

Thank you in advance.

Very truly yours,

Stuart Lipinsky

SL/dsd enclosure