

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000014552** ✓

1. Entity Name

ARVAT CORPORATION

DO NOT WRITE IN THIS SPACE

818874

2. Principal Place of Business

640 NW 36th Ct. #A

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0911046

Applied For

Not Applicable

Zip

33125

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Elena V. Pernas

Street Address (P.O. Box Number is Not Acceptable)

640 NW 36th Ct. #A

Miami, FL 33125

City

Miami

FL

Zip Code

33125

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

Director/Pres.
Elena V. Pernas
821 Columbus Blvd.
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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 #

CR2E034B (12/01)