

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 047 ***150.00

DOCUMENT # P99000021785

1. Entity Name

A & R PROPERTY MANAGEMENT, INC.



Principal Place of Business

819 EAST 41ST STREET
HIALEAH FL 33013

Mailing Address

3750 SW 128 AVE
MIAMI FL 33175

34054403



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0901299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTINAS, OSCAR
3750 SW 128 AVENUE
MIAMI FL 33175

Name

OSCAR CORTINAS

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

829 Malaga Ave

City

CORAL GABLES

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CORTINAS, OSCAR
STREET ADDRESS 3750 SW 128 AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE STD ☐ Delete
NAME CORTINAS, OSCAR
STREET ADDRESS 3750 SW 128 AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 829 Malaga Ave
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 829 Malaga Ave
CITY-ST-ZIP CORAL GABLES, FL 33134

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O CORTINAS

Date

Daytime Phone #

4/19/04 305-793-9436