

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 an  
Secretary of State**

02-07-2000 90037 043 \*\*\*150.00

**DOCUMENT # P99000029974**

1. Entity Name

**ARL GROUP, INC.**

Principal Place of Business

Mailing Address

**4711 NORTHWEST 79TH AVENUE  
SUITE 8-H  
MIAMI FL 33166-5403****4711 NORTHWEST 79TH AVENUE  
SUITE 8-H  
MIAMI FL 33166-5443****B0013708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0907168**

Applied F

Not Appl

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LOPEZ, ANTONIO	
STREET ADDRESS	4711 NORTHWEST 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166-5403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	AVIS, VIVIANNE	
STREET ADDRESS	4711 NORTHWEST 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166-5403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, TANIA	
STREET ADDRESS	4711 NORTHWEST 79TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166-5403	

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	LOPEZ, TANIA	
STREET ADDRESS	4711 NW 179th AVE., STE:#8-H	
CITY-ST-ZIP	MIAMI, FL 33166-5403	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:  ANTONIO LOPEZ, PTD.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/31/00 (305) 477-**

Date

Daytime Phone #