

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029974

1. Entity Name

ARL GROUP, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5722 S. Flamingo

Suite, Apt. #, etc.

196

City & State

Cooper City, FL 33330

Zip
33330

Country

Broward

3. Mailing Address

5722 S. Flamingo

Suite, Apt. #, etc.

196

City & State

Cooper City, FL 33330

Zip
33330

Country

Broward

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Antonio Lopez

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

5722 S. Flamingo

Suite # 196

City

Cooper City

FL

Zip Code
33330

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

Antonio Lopez

ANTONIO LOPEZ

04/24/01

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, 2001 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 **PTD** ☒ Delete
NAME **LOPEZ, ANTONIO**
STREET ADDRESS **4711 NORTHWEST 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166-5403**

TITLE **AS** ☒ Delete
NAME **LOPEZ, TANIA**
STREET ADDRESS **4711 NW 179TH AVE., STE: #8-H**
CITY-ST-ZIP **MIAMI FL 33166-5403**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Lopez, Antonio**
STREET ADDRESS **5722 S. Flamingo, Suite #196**
CITY-ST-ZIP **Cooper City, FL 33330**

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

Antonio Lopez

ANTONIO LOPEZ

04/24/01

(305) 471-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90025 036 ***150.00