2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 91406 012 ***150.00

DOCUMENT # P99000054746

1. Entity Name

A.R.O.S., INC.

✓

Principal Place of Business	Mailing Address
7925 NW 12TH STREET STE 318 MIAMI FL 33126	7925 NW 12TH STREET STE 318 MIAMI FL 33126-1822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Biscayne Plaza Caf.	7243 Dade Pine Ct
Suite, Apt. #, etc. 8000 NE 5th AVE	Suite, Apt. #, etc. Miami Lakes
City & State MIAMI FL	City & State
Zip: 33138 Country: US	Zip: 33014 Country: Dade, US

4. FEI Number: 65-0927316 ☐ 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
BETANCOURT, OSVALDO 7925 NW 12TH STREET STE 318 MIAMI FL 33126	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: Arturo de la Nuez / Osvaldo Betancourt — Osvaldo Betancourt
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing registered office address for entity. Title

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** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BETANCOURT, OSVALDO 7925 NW 12TH STREET MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD DE LA NUEZ, ARTURO 7925 NW 12TH STREET MIAMI FL 33126	☐ 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 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: X Arturo de la Nuez Arturo 04-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Osvaldo Betancourt