2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071145

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90083 043 ***150.00

1. Entity Name

ARRIBA'S BINDERY SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 840009 HOLLYWOOD FL 33084	PO BOX 840009 HOLLYWOOD FL 33084-2009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5931 RAVENSWOOD ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: DANIA, FLORIDA	City & State
Zip: 33312 Country: BWD	Zip Country

4. FEI Number: 65-0940357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TRAGER, ROSS~~
~~1000 NORTH HIATUS ROAD~~
~~PEMBROKE PINES FL 33026~~

RAMON ARRIBA
5933 ANGIE'S AVE
DANIA FL. 33312
BAY 18 - BLDG B3

7. Name and Address of New Registered Agent

Name: RAMON ARRIBA
Street Address (P.O. Box Number is Not Acceptable): 5931 RAVENSWOOD ROAD
City: DANIA, FL Zip Code: 33312

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] DATE: 1-6-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	☐ Delete
NAME	ARRIBA, RAMON	
STREET ADDRESS	5931 RAVENSWOOD ROAD, BLDG B(BAY 18/20)	
CITY-ST-ZIP	DANIA FL 33312	
TITLE	D	☐ Delete
NAME	ARRIBA, MARIO	
STREET ADDRESS	5931 RAVENSWOOD ROAD, BLDG B(BAY 18/20)	
CITY-ST-ZIP	DANIA FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] RAMON ARRIBA — Date: 1-11-00 — Daytime Phone #: 954-981-5640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR