

FILED  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90059 024 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000071145**

1. Entity Name

**ARRIBA'S BINDERY SERVICES, INC.**

Principal Place of Business  
**5931 RAVENSWOOD ROAD  
FORT LAUDERDALE FL 33312**

Mailing Address  
**5931 RAVENSWOOD ROAD  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**ARRIBA, RAMON  
5933 ANGLES AVE  
BAY B, BLDG 33  
DAVIE FL 33312**

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



*Attachment*

Professional Trade  
Bindery Services,  
for the Quality  
Minded Printer.

80146127  
~~801381084~~  
P 990000071145

August 12, 2003

Uniform Business Report  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

---

RE: Arriba's Bindery Services, Inc.  
FEI: 65-0940357  
Doc#: P990000071145

---

Gentlemen:

We are in receipt of the attached Report and are respectfully request your indulgence in waiving the late fee of \$400.00.

We here at arriba's bindery apparently never received the original form for filing with the State of Florida.

Thanking you in advance for your cooperation in waiving this penalty.

---

Regards,

Ramon Arriba