

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90777 044 \*\*\*158.75

DOCUMENT # *P99000073676 2002*

1. Entity Name

*A/R CONSTRUCTION OF PALM BEACH*

44000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1134 PINE TREE DR.*  
Suite, Apt. #, etc.

3. Mailing Address

*1134 PINE TREE DR.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*LANTANA FL.*

City & State  
*LANTANA FL.*

4. FEI Number  
*05-0946931*

Applied For  
Not Applicable

Zip  
*33462* Country  
*PALM BEACH*

Zip  
*33462* Country  
*PALM BEACH*

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*ARMAUNDO A. RIOS*

Street Address (P.O. Box Number is Not Acceptable)  
*1134 PINE TREE DRIVE*

City  
*LANTANA* FL Zip Code  
*33462*

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 *Armando A. Rios*  
Signature, typed or printed name of registered agent and title if applicable.

*4-15-02*  
DATE

(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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
*PRESIDENT*  
NAME  
*ARMAUNDO A. RIOS*  
STREET ADDRESS  
*1134 PINE TREE DRIVE*  
CITY-ST-ZIP  
*LANTANA, FL. 33462*

TITLE  
*VP*  
NAME  
*JUAN F RIOS*  
STREET ADDRESS  
*2302 HEATHER RIDGE LN.*  
CITY-ST-ZIP  
*GARLAND TX 75040*  
*DELETE this person*

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Armando A. Rios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-15-02 (501-723-9184)*  
Date Daytime Phone #