FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90275 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

656645

DOCUMENT # P99000076203

1. Entity Name
RESTREPO ARENAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17890 W. Dixie Hwy.	17890 W Dixie HWAY
Suite, Apt. #, etc. #106	Suite, Apt. #, etc. 106
City & State N. MIAMI BEACH, FL	City & State N MIAMI BEACH, FL
Zip 33160 Country US	Zip 33160 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951228 ☐ Applied For ☐ Not Applicable

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 RIVERA, MANUEL ANTONIO

Street Address (P.O. Box Number is Not Acceptable) 17890 W DIXIE HWAY #106

N. MIAMI BEACH,

City N MIAMI BEACH FL Zip Code 33160

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 _____ DATE

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) ☑

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	PD
NAME	RESTREPO, CRUZ ELENA
STREET ADDRESS	17890 W. Dixie HWAY #106
CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	VD
NAME	ARENAS, MAURICIO
STREET ADDRESS	17890 W Dixie HWAY #106
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CRUZ E. RESTREPO, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #