

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000076556**

1. Entity Name

A & R Industries, Inc.

Principal Place of Business

Mailing Address

13200 SW 128 Street, # F2
Miami, Florida 33186

13200 SW 128 St. #F2
Miami, Florida 33186

2. Principal Place of Business

13200 SW 128 Street, F2

3. Mailing Address

13200 SW 128 Street, F2

Suite, Apt. #, etc.

Suite F2

Suite, Apt. #, etc.

Suite F2

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-1036780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

Ghislaine Sprauve
13200 SW 128 Street, Suite E1
Miami, Florida 33186

7. Name and Address of New Registered Agent

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

Ghislaine Sprauve

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!!
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	Sprauve, Ghislaine	
STREET ADDRESS	13200 SW 128 St., E1	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sprauve, Gershwain	
STREET ADDRESS	P.O. Box 96-0332	
CITY-ST-ZIP	Miami, Florida 33296	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forbes, Kirk	
STREET ADDRESS	P.O. Box 96-0332	
CITY-ST-ZIP	Miami, Florida 33296	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ghislaine Sprauve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

DATE

Daytime Phone #

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91186 031 ***150.00

C0070126

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)