

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 045 ***150.00

DOCUMENT # P99000090302

1. Entity Name
ARCA INVESTMENT, INC.



Principal Place of Business
1045 N. ST. RD. 7
MARGATE FL 33063

Mailing Address
1045 N. ST. RD. 7
MARGATE FL 33063



2. Principal Place of Business
BROWARD COUNTY
Suite, Apt. #, etc.

3. Mailing Address
1045 N. STATE ROAD 7
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MARGATE FL
Zip
33319
County
BROWARD

City & State
MARGATE FL 33319
Zip
County

4. FFI Number 65-0957567

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARDONA, ARTURO
4960 E. SABAL PALM BLVD. #111
FORT LAUDERDALE FL 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ARTURO CARDONA, SAME ADDRESS *Arturo Cardona* 4/18/03
Signature, typed or printed name of registered agent and title if applicable (If not, then Agent signature required when transmitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee Will Be \$880.00
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

TITLE	D	☐ Delete
NAME	CARDONA, ARTURO JR.	
STREET ADDRESS	1045 N. ST. RD. 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

754-972-8890