

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103896

1. Entity Name

ARRO-BAR CORPORATION

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90009 021 \*\*\*158.75

Principal Place of Business

Mailing Address

18021 BISCAYNE BLVD  
TOWER II SOUTH SUITE 302  
MIAMI FL 33160

18021 BISCAYNE BLVD  
TOWER II SOUTH SUITE 302  
MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

427 Washington Ave.

Suite, Apt. #, etc.

MIAMI BEACH FL

City & State

33139

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0965167

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MACMILLAN, SARAH  
15800 COLLINS AVE  
TOWER 100 SUITE 229  
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name

FABIANA MONTUFAR

Street Address (P.O. Box Number is Not Acceptable)

18021 BISCAYNE BLVD TOWER II SOUTH  
AP 302 MIAMI FL

City

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME D BARCO, RODNY  
STREET ADDRESS 18021 BISCAYNE BLVD TOWER II SUITE 302  
CITY-ST-ZIP MIAMI FL 33160

TITLE ☐ Delete  
NAME D MONTUFAR, FABIANA  
STREET ADDRESS 18021 BISCAYNE BLVD TOWER II SUITE 302  
CITY-ST-ZIP MIAMI FL 33160

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

305.5342601

Daytime Phone #

CR2E034 19/99