

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90009 034 \*\*\*550.00

**DOCUMENT #** P99000103896

1-Entity Name

Arro-Bar Corporation

Principal Place of Business Mailing Address  
 427 Washington Ave. 18021 Biscayne Blvd.  
 Miami, FL 33139 Tower II South Suite 302  
 Miami, FL 33160

2. Principal Place of Business

3. Mailing Address  
 427 Washington Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Miami Beach, FL

City & State  
 Miami Beach, FL

4. FEI Number  
 65-0965167

Applied For  
 Not Applicable

Zip  
 33139

Country  
 U.S.A.

Zip  
 33139

Country  
 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Montufae, Fabiana  
 18021 Biscayne Blvd.  
 Tower #2 South  
 Sunny Isles, FL 33160

Name  
 Echavarria, Natalia  
 Street Address (P.O. Box Number is Not Acceptable)  
 1500 Bay Rd.  
 Apt. 640  
 City  
 Miami Beach FL Zip Code  
 33139

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 *Natalia Echavarria U*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/17/01

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, 2001 Fee will be \$650.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P  
 NAME Andrade, Oscar M. ☒ Delete  
 STREET ADDRESS 427 Washington Ave.  
 CITY - ST - ZIP Miami Beach, FL 33139

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

TITLE D  
 NAME Echevarria, Natalia ☐ Delete  
 STREET ADDRESS 427 Washington Ave.  
 CITY - ST - ZIP Miami Beach, FL 33139

TITLE D/P/S/T  
 NAME Echevarria, Natalia ☒ Change ☐ Addition  
 STREET ADDRESS 1500 Bay Rd., Apt. 640  
 CITY - ST - ZIP Miami Beach, FL 33139

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Natalia Echavarria U* Natalia Echavarria 07/17/01 305-534-2601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #