

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000104133**1. Entity Name  
ARCH-CONSTRUCTION GROUP, INC.

## Principal Place of Business

100 E UNTON BLVD  
155A  
DELRAY BEACH  
33483

FL

## Mailing Address

100 E UNTON BLVD  
155A  
DELRAY BEACH  
33483

FL

## 2. Principal Place of Business

100 E LINTON BLVD

## 3. Mailing Address

100 E LINTON BLVD

Suite, Apt. #, etc.

155A

Suite, Apt. #, etc.

155A

City &amp; State

DELRAY BEACH

FL

City &amp; State

DELRAY BEACH

FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

**65-0973476**

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

DAVIS MAGDA MONTIEL  
2650 S.W 27 AVENUE  
SUITE 304  
MIAMI  
33133

FL

US

## 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

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

(NOTE: Registered Agent signature required when reinstating)

**01/26/2001**

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, 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALRAVEN VAN A	
STREET ADDRESS	398 W. CAMINO GARDENS BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ MANUEL J	
STREET ADDRESS	620 LAVERS CIR # 224	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALRAVEN VAN A	
STREET ADDRESS	930 DENBERRY WAY	
CITY-ST-ZIP	LAS VEGAS NV 89123	
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		
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: MANUEL BENITEZ**

VP

01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)