

**FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90247 045 ***150.00

DOCUMENT # **5 59752**

1. Entity Name

Los ARLOS FLORIDIANOS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 S.W. 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

271 N.W. 64 AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0266500

Applied For

Not Applicable

Zip

33126

Country

U.S.A

Zip

33126

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIGUEL REYES

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

271 N.W. 64 AVENUE

City

MIAMI

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/S/D
MIGUEL REYES
271 N.W. 64 AVENUE
MIAMI - FL 33126**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL REYES

03-27-03

Date

Daytime Phone #

CR2E0348 (12/02)