FILED

(305) 262-6533

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2001 8:00 am **DOCUMENT # \$62768 Secretary of State** ARCA DEVELOPMENT, INC. 03-19-2001 90458 028 ***150.00 Principal Place of Business Mailing Address 15476 NW 77TH CT., SUITE 338 15476 NW 77TH CT., SUITE 338 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0271254 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARQUEZ, JOSE M. .. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing ----\$5.00 May Be --Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VP/S TITLE ☐ Delete TITLE ☐ Change GUERRA, ARMANDO J. GUERRA, Armando J. NAME NAME STREET ADDRESS 9745 JOURNEY'S END RD STREET ADDRESS 9745 Journey's End Road CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33156 C. Gables, FL 33156 Change X Addition ☐ Delete TITLE TITLE HERRAN, AGUSTIN HERRAN, Agustín NAME NAME STREET ADDRESS STREET ADDRESS 15476 NW 77 CT #338 15175 SW 212 Street CITY-ST-7IP MIAMI LAKES FL 33016 CITY-ST-7IP Miami, FL 33187 TITLE X Addition ☐ Delete TITLE ☐ Change JAIME, Camilo M. JAIME, CAMILO M. NAME NAME 13000 Old Cutler Road STREET ADDRESS STREET ADDRESS 15476 NW 77TH CT, STE338 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Coral_Gables, FL 33156 Change X Addition TITLE □ Defete TITLE ROBLES, JESUS ROBLES, Jesus NAME: NAME STREET ADDRESS STREET ADDRESS 15476 NW 77TH CT.STE 338 2555 Collins Ave. Apt. # 500 CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL Miami Beach, FL 33140 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appearance.