

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90136 031 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99373
1. Entity Name
 ARCAN INVESTMENTS, INC.

90140611



2. Principal Place of Business
 781 CRANDON BLVD.
 Suite, Apt. #, etc.
 TOWER III, APT. 501
 City & State
 KEY BISCAYNE, FL
 Zip Country
 33149 US

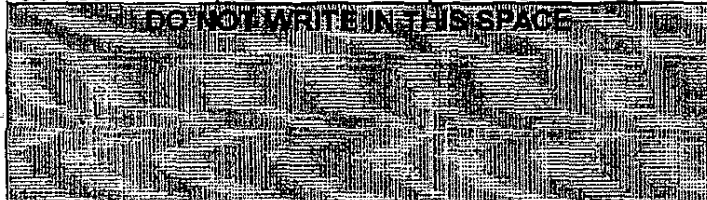
3. Mailing Address
 3191 CORAL WAY
 Suite, Apt. #, etc.
 SUITE #202
 City & State
 MIAMI, FL
 Zip Country
 33145 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0299571

5. Certificate of Status Desired ☐ **Applied For**
☐ **Not Applicable**

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



7. Name and Address of Current Registered Agent

Name
 CORPORATION COMPANY OF MIAMI
 Street Address (P.O. Box Number is Not Acceptable)
 201 S. BISCAYNE BLVD.
 1600 MIAMI CENTER
 City
 MIAMI FL Zip Code
 33131

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SAEZ, MARIA CRUZ CELMA CALLE CASIAUIARE QUINTA CARACAS, VENEZUELA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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

SIGNATURE: MARIA CRUZ CELMA SAEZ **07.02.03 (305) 4442115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #