## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V40705**

33010-1902

3. Mailing Address

Suite, Apt. #, etc

2. Principal Place of Business

Suite, Apt. #, etc.

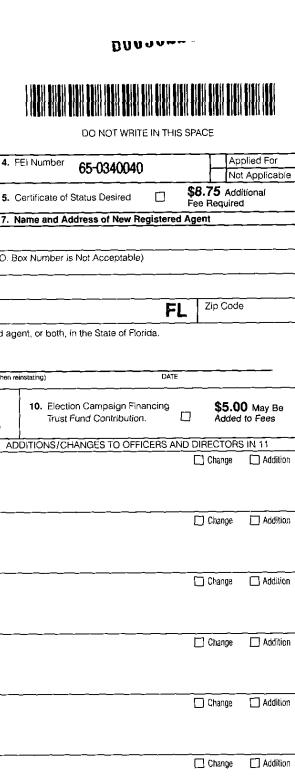
1. Entity Name

## ARES MICA, CORPORATION

Principal Place of Business	Mailing Address
W, 10TH AVE.	2240 W. 10TH AVE. HIALEAH FL 33010-

## FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90299 023 \*\*\*150.00



City & State City & State Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARES, JESUS Street Address (P.O. Box Number is Not Acceptable) 2379 W 9TH LN STE 7 HIALEAH FL 33010 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ARES, JESUS NAME NAME STREET ADDRESS 2379 W 9TH LN STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ٧D TITLE Delete TITLE ARES, JESUS JR NAME NAME 2379 W 9TH LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete TITLE TITLE ARES, MANUEL NAME NAME STREET ADDRESS STREET ADDRESS 2379 W 9TH LN CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE A

Delete

☐ Delete

☐ Delete

PRESIDENT