

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91217 001 ***150.00

0514646 AV

DOCUMENT # P01000045043

1. Entity Name
AARAS, INC.

Principal Place of Business
**4137 GULF OF MEXICO DRIVE
 SUITE 302
 LONGBOAT KEY FL 34228**

Mailing Address
**4137 GULF OF MEXICO DRIVE
 SUITE 302
 LONGBOAT KEY FL 34228**

2. Principal Place of Business
1509 Havendale Blvd.

3. Mailing Address
2300 29th Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Winter Haven FL

4. FEI Number
59-3719567

Applied For
 Not Applicable

Zip Country
33881 Polk

Zip Country
33881 Polk

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

6. Name and Address of Current Registered Agent

**PATEL, DHIRENDRA
 4137 GULF OF MEXICO DRIVE
 SUITE 302
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2300 29th Street NW

City
Winter Haven

FL Zip Code
33881

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) 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, 2002 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 ☐ Delete
 NAME **PD PATEL, DHIRENDRA**
 STREET ADDRESS **4137 GULF OF MEXICO DRIVE, SUITE 302**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME **VPD PATEL, SONALBEN**
 STREET ADDRESS **4137 GULF OF MEXICO DRIVE, SUITE 302**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2300 29th Street NW**
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2300 29th Street NW**
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
 Date

863 294 9133
 Daytime Phone #

CR2E034 (9/01)