

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 004 ***550.00

DOCUMENT # F00000006705

1. Entity Name

ARUVIL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016**

**185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2950070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, TERESA
 C/O ARUVIL INTERNATIONAL INC.
 1009 N. SHANNON AVE.
 PLANT CITY FL 33566**

Name

JENNIFER RHOADES

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

**C/O ARUVIL INTERNATIONAL INC.
 1009 N. SHANNON AVE.**

City

PLANT CITY

FL

Zip Code

33566

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.

(NOT) Registered Agent signature required when reinstating

DATE

JENNIFER RHOADES, SALES MGR

5/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PS**
 STREET ADDRESS **KULKARNI, VILAS**
 CITY-ST-ZIP **185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **JENKINS, RUSSELL**
 CITY-ST-ZIP **185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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 I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, is 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

RUSSELL JENKINS, VICE PRES.

Date

Daytime Phone #

5/27/01 (212) 447-5020 ext 13

771847



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)