2002 UNIFORM BUSINESS REPORT (UBR)

F0000006705 DOCUMENT

1. Entity Name

Principal Place of Business

ARUVIL INTERNATIONAL, INC.

Mailing Address

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

2. Principal Place of Business 3. Mailing Address Suite Apt # etc



07-11-2002 90253 022 ***150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WHITE IN THIS SPACE			
City & State		City & State		4. FE	4. FEI Number		Applied For	
					13-2950070		Not Applicable	
Zip	Country Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required				
		7. Name and Address of New Registered Agent						
			Name ,					
RHOADES, JENNIFER C/O ARUVIL INTERNATIONAL INC.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
1009 N. S	SHANNON AVE.							
PLANT CITY FL 33566			City	City FL Zip Code				
	e named entity submits this statement for t tions of registered agent.	he purpose of changing its re	gistered office or regi	stered ager	nt, or both, in the State of Florida. I am f	amiliar w	ith, and accept	
SIGNATURE .	•							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	tegistered Agent signature req	uired when rein	stating) 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 \$550.00 After September 13, 2002 Fee will be \$750 Make Check Payable to Department of St			10. Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees	
11. OFFICERS AND DIRECTORS 12			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PS KULKARNI, VILAS	☐ Delete	TITLE NAME			☐ Chang	ge 🔲 Addition	
PODDET ADDRESS	THE MADICON AND CHITE 1000		STREET ADDRESS				į.	

185 MADISON AVE., SUITE 1600 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME JENKINS, RUSSELL STREET ADDRESS STREET ADDRESS 185 MADISON AVE., SUITE 1600 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** Delete -TITLE Change Addition Addition TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 empowered.

SIGNATURE:

Date

Daytime Phone #





ARUVIL INTERNATIONAL INC.

TEL. (212) 447-5020 FAX: (212) 685-0547

185 Madison Ave., Suite 1600 New York, New York 10016

F00000006705.

July 03, 2002

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS PO BOX 1500 TALLAHASSEE, FL 32 302-1500

Ref: UNIFORM BUSINESS REPORT Sub: Request for waiving the late fee.

Dear Sir,

Please acknowledge our Uniform Business Report and fling fees.

We would like to inform you that Aruvil International Inc did not received any prior notice for filing Uniform Business Report. We would therefore request you to waive the late fee of \$400.

Sincerely,

Vilas Kulkarni President

Enclosed

1. UBR

2. Check for \$150