

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90004 017 \*\*\*\*50.00

**DOCUMENT # L01000012877**

1. Entity Name  
**ARLA PROPERTIES, LLC**

|   |   |
|---|---|
| Principal Place of Business<br><b>5898 N.W. 25TH COURT<br/>         BOCA RATON FL 33496</b> | Mailing Address<br><b>5898 N.W. 25TH COURT<br/>         BOCA RATON FL 33496</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |      |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|------|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>65-1133445</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |      |  |  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00 Additional Fee Required</b>                  |  |      |  |  |  |
| City & State                   |         | City & State        |         | 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent            |  |      |  |  |  |
| Zip                            | Country | Zip                 | Country | <b>BELSON, STEVEN A ESQ.</b><br><b>2000 GLADES ROAD</b><br><b>SUITE 306</b><br><b>BOCA RATON FL 33431</b> |  |  |  |      |  |  |  |
| City                           |         | City                |         |   |  |  |  | Name |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City                           |         | City                |         |   |  |  |  | City |  | Zip Code   |  |

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |  |                                 | 10. ADDITIONS/CHANGES                          |  |   |
|--|--|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HOPTA, ANDREW J<br/>5898 N.W. 25TH COURT<br/>BOCA RATON FL 33496</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Andrew J. Hopta* **1-15-02 561-998-3455**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)