

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002922

Entity Name: ARROW DYNAMICS LLC

FILED
Apr 10, 2003
Secretary of State

Current Principal Place of Business:

12717 W. SUNRISE BLVD., #217
SUNRISE, FL 33323

New Principal Place of Business:

11860 WEST STATE ROAD 84
STE # B-14
DAVIE, FL 33325 US

Current Mailing Address:

12717 W. SUNRISE BLVD., #217
SUNRISE, FL 33323

New Mailing Address:

11860 WEST STATE ROAD 84
STE # B-14
DAVIE, FL 33325 US

FEI Number: 41-2071753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRUCHT, NIR
2703 OAKBROOK DRIVE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

FRUCHT, NIR
11860 WEST STATE ROAD 84
STE # B-14
DAVIE, FL 33325 US

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:

04/10/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MARKOWICZ, MORDECHAI
Address: 12717 W. SUNRISE BLVD., #217
City-St-Zip: SUNRISE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRUCHT, NIR
Address: 11860 WEST STATE ROAD 84, STE # B-14
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM () Change (X) Addition
Name: BERNSTEIN, CARLA R
Address: 11860 WEST STATE ROAD 84, STE # B-14
City-St-Zip: DAVIE, FL 33325 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NIR FRUCHT

MGRM

04/10/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date