

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90215 043 ***150.00

DOCUMENT # M60554

1. Entity Name
ARES PRODUCTS, INC.

Principal Place of Business C/O JOSPEH H. HUPPERT CPA 11440 N. KENDALL DR. #201 MIAMI FL 33176	Mailing Address C/O JOSPEH H. HUPPERT CPA 11440 N. KENDALL DR. #201 MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17611 SW 48 ST.	3. Mailing Address 17611 SW 48 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SOUTHWEST RANCHES FL	City & State SOUTHWEST RANCHES FL
Zip 33331	Zip 33331
Country USA	Country USA

4. FEI Number 59-2873051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HUPPERT, JOSEPH H. C
 11440 N. KENDALL DR., #201
 APT 2S
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 17611 SW 48 ST.
City SOUTHWEST RANCHES FL
Zip Code 33331

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 _____

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TAVARES DE MELO, V. AV. BOA VIAGEM, 3232/802 RECIFE-PE, BRAZIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIMA, CLOVIS NOBREGA AV. BOA VIAGEM 2938/602 RECIFE-PE, BRAZIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DE MELO, MARCILIO T. AV. BOA VIAGEM 2820/501 RECIFE-PE, BRAZIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph H. Huppert*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-20-01** (954) 434-4811
 Daytime Phone #

UBR2001

CFR2E034 (10/00)