

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91317 007 ***158.75

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DOCUMENT # P97000009932

1. Entity Name
ARIAS & ASSOCIATES, INC.



Principal Place of Business
**7270 NW 12 STREET
SUITE 205
MIAMI FL 33126**

Mailing Address
**7270 NW 12 STREET
SUITE 205
MIAMI FL 33126**



2. Principal Place of Business

7270 NW 12 ST

3. Mailing Address

7270 NW 12 ST

Suite, Apt. #, etc.

PH-4

Suite, Apt. #, etc.

PH-4

City & State

MIAMI FL

City & State

MIAMI FL

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0722532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARIAS, MARIAZELL H
1108 N.W. 180TH AVENUE
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D/P ARIAS, MARIAZELL H**
STREET ADDRESS **1108 N.W. 180 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T MARQUEZ, MICHELLE C**
STREET ADDRESS **1108 N.W. 180 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V LAURENCIO, EVELYN M**
STREET ADDRESS **14640 MAHOGANY COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD ARIAS, ARMANDO**
STREET ADDRESS **1108 NW 180 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

305-594-5774

Daytime Phone #

CR2E034 (10/02)