

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 019 ***150.00

DOCUMENT # **P99000076666**
1. Entity Name
ARETAMA MANAGEMENT, INC.

668732

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 10400 GRIFFIN RD Suite, Apt. #, etc. 106 City & State COOPER CITY, FL Zip 33328 Country USA | 3. Mailing Address 10400 GRIFFIN RD Suite, Apt. #, etc. 106 City & State COOPER CITY, FL Zip 33328 Country USA |
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| 4. FEI Number 65-0945655 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|---|
| Name EDGAR J. LOPEZ |
| Street Address (P.O. Box Number is Not Acceptable) 10400 GRIFFIN RD STE 106 |
| City COOPER CITY FL Zip Code 33328 |

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 remaining) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 EDGAR JAVIER LOPEZ 10400 GRIFFIN RD, STE 106 COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT MARIA ELVIRA LOPEZ 10400 GRIFFIN RD STE 106 COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CARLOS ERNESTO LOPEZ 10400 GRIFFIN RD STE 106 COOPER CITY, FL 33328 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Date **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)