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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-22-2002 90111 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072830

1. Entity Name
ARLAB USA CO., INC.

Principal Place of Business	Mailing Address
5768 S PLUM BAY PARKWAY TAMARAC FL 33321	~~5768 S PLUM BAY PARKWAY~~ ~~TAMARAC FL 33321~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		8180 NW 36 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #230	
City & State		City & State Miami, FL 33166	
Zip	Country	Zip	Country USA

4. FEI Number 65-1124848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GRILL, NORELI~~ ~~5768 S PLUM BAY PARKWAY~~ ~~TAMARAC FL 33321~~	Name Ana Schwart Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36 Street, Suite #230 City Miami, FL Zip Code 33166

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 [signature] 6/6/02
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ana Schwart 8180 NW 36 Street, Suite 230 Miami, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: [signature] 6/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #