

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92183 030 \*\*\*\*50.00

**DOCUMENT # L02000003763**

1. Entity Name  
**ARIEL INVESTMENTS LLC**



Principal Place of Business  
**2228 NE 123RD ST., STE RKRI  
NORTH MIAMI, FL 33181**

Mailing Address  
**2228 NE 123RD ST., STE RKRI  
NORTH MIAMI, FL 33181**

**30069771**

2. Principal Place of Business:  
**33 Pier Kenig St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**33 Pier Kenig St.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State:  
**Jerusalem**  
Zip  
**93469**  
Country  
**Israel**

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Zip  
**93469**  
Country  
**Israel**

4. FEI Number  
**98-0371090**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.**  
**1221 BRICKELL AVE., STE. 900**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name  
**Florida Incorporators, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8875 Hidden River Pkwy, Ste. 300**  
City  
**Tampa** FL Zip Code  
**33637**

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 *Mark Hankins*

**Mark Hankins, President**

**4/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Makes Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, CHRISTOPHER 2228 NE 123RD ST. NORTH MIAMI, FL 33181	<input checked="" 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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Azulay, Ariel 33 Pier Kenig St. Jerusalem, Israel 93469	<input type="checkbox"/> Change <input checked="" 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

11. 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 is true and accurate and that my 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: *Ariel Azulay*

**Ariel Azulay, Manager**

**4/29/03**

**972-53-288799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2083 (10/02)