

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90017 038 ***150.00

DOCUMENT # F96000002765

1. Entity Name

ARIAGEL U.S.A. INC.

Principal Place of Business

2173 NW 62ND DRIVE
 BOCA RATON FL 33496

Mailing Address

~~5030 CHAMPION BLVD.~~
~~SUITE 6-282~~
~~BOCA RATON FL 33406-2473~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STOLTZ, JOAN
 2173 NW 62ND DR
 BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3368144

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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, 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, 2000 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 Delete
 NAME **P STOLTZ, JOAN S**
 STREET ADDRESS **2173 NW 62ND DR**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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:

Joan S Stoltz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/2000

Daytime Phone #

800-425-3245

CR2E034 (9/99)