

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003618

1. Entity Name

ARAGUA SERVICES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90013 029 ***150.00

Principal Place of Business 2121 K STREET, N.W. SUITE 800 WASHINGTON DC 20037	Mailing Address 2121 K STREET, N.W. SUITE 800 WASHINGTON DC 20037-1829
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-2536825	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NATIONAL DISTRIBUTING COMPANY
441 S.W. 12TH AVE.
DEERFIELD BEACH FL 33442

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.

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PHILLIPS, EDWARD M MR 35 WEST 43RD STREET BAYONNE NJ 07002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete BURELLI, CRISTINA MRS 2121 K STREET, N.W., SUITE 800 WASHINGTON DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CHRISTINE, VOLLMER MRS. 2121-K STREET, N.W., SUITE 800 WASHINGTON DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete DUMIT, ALBERTO MR. 2121 K STREET, N.W., SUITE 800 WASHINGTON DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alberto Dumit **Alberto DUMIT** Date: 03/22/00 Daytime Phone #: 202-2613516

CR2E034 (9/99)