## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # H72409** Feb 26, 2000 8:00 am 1. Entity Name Secretary of State ARISTO ENTERPRISES, INC. 02-26-2000 90075 034 \*\*\*150.00 Principal Place of Business Mailing Address 310 BIMINI DRIVE 310 BIMINI DRIVE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-3631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2569224 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUR. L. BARRY Street Address (P.O. Box Number is Not Acceptable) 310 BIMINI DRIVE MERRITT ISLAND FL 32952 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Change Addition TITLE ☐ Delete BIERY, RICHARD E. NAME NAME 310 BIMINI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change ☐ Addition ☐ Delete TITLE CASTILLO, RICHARD NAME NAME 310 BIMINI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete. ☐ Change ☐ Addition CASTILLO, JANICE NAME NAME STREET ADDRESS 310 BIMINI DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE ☐ Delete TITLE LAUR, L. BARRY NAME 310 BIMINI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TIT! F LAUR, BONNIE NAME NAME STREET ADDRESS 310 BIMINI DRIVE STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR