2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

J83919

1. Entity Name

ARI ENTERPRISES INC.



May 27, 2003 8:00 am & Secretary of State **FILED**

05-27-2003 90163 015 ***150.00

AIL LIVI	TENENIOLO, INO.			N. T.			
Principal Place of Business 3164 LAKE WASHINGTON RD. MELBOURNE FL 32934		Mailing Address 3164 LAKE WASHINGTON RD. MELBOURNE FL 32934					
2. Principal Place of Business		3. Mailing Address					11 Bil 11 Bil 18 Bi
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-2882545		oplied For ot Applicable
Zip	Country	Zip	Count	ry		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent_				gent	, are
LET ALAN D				Name			
LEE, ALA	an H. Loway trail		Street Address		P.O. Box Number is Not Acceptable)		
	R FL 32950						
ואטרטרוווו	W 1 E 02000		-	City		Zip Cod	
					FL	·	
	e named entity submits this statement itions of registered agent,	for the purpose of changir	ng its registere	a office or register	ed agent, or both, in the State of Florida. I am f	amiliar with,	and accept
CIONIATUDE							{
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE		
F	FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing		
	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department :	1			Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE	PSD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME ADDRESS	LEE, ALAN		NAME	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	910 HOLLOWAY TRAIL MALABAR FL			ST-ZIP			
TITLE	VD	☐ Delete	TITLE	~			Addition
NAME	LEE, JEANNE M.		NAME				
STREET ADDRESS CITY-ST-ZIP	910 HOLLOWAY TRAIL			T ADDRESS ST-ZIP			
TITLE	MALABAR FL	□ Detete	TITLE		<u> </u>	☐ Change	Addition
NAME	ا القياد العالية المناسبة المناسبة الما		NAME		معملات ومندي يالي	<u></u>	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ Delete	TITLE	ST-ZIP		☐ Change	☐ Addition
NAME		L. J Delete	NAME			Change	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			. CITY-	ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS			Ì
CITY-ST-ZIP				ST-ZIP			

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

attachment #J

\$1121384 #J83919

MASH

HOAGIES

MAJOR AMERICAN SANDWICH HEADQUARTERS

May 21, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

RE: ARL ENTERPRISES, INC.

DOCUMENT #J83919 FEI Number 59-2882545

Please accept my apology in sending this Filing Fee in late that was due to an illness.

Enclosed please find a check in the amount of \$150.00.

Thanking you in advance,

Jeanne M. Lee

ARL Enterprises, Inc.

321 242 2066

ENC: CHECK