

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77438

1. Entity Name

ARAWAK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90152 023 ***150.00

Principal Place of Business

Mailing Address

177 OCEAN LANE DRIVE. APT. 101
KEY BISCAYNE FL 33149

177 OCEAN LANE DRIVE. APT. 101
KEY BISCAYNE FL 33149-1538

2. Principal Place of Business

13, AVENUE DE BUDÉ

Suite, Apt. #, etc.

3. Mailing Address

13, AVENUE DE BUDÉ

Suite, Apt. #, etc.

GENEVA

City & State

GENEVA

City & State

GENEVA

Zip

120 2

Country

SWITZERLAND

Zip

1202

Country

SWITZERLAND

4. FEI Number

65-0109829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAVIER, LEONARDO
999 PONCE DE LEON BLVD
SUITE #500
CORAL GABLES FL 33134

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

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 PD
NAME RYAN, JOHN J. J
STREET ADDRESS 177 OCEAN LANE DRIVE #101
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS 13, AVENUE DE BUDÉ
CITY-ST-ZIP 1202 GENEVA, SWITZERLAND ☒ Change ☐ Addition

TITLE TSD
NAME RYAN, CAROLINA
STREET ADDRESS 177 OCEAN LANE DRIVE, #101
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS SAN GIOVANNI SUL MURO 14
CITY-ST-ZIP MILAN 20121, ITALY ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25th 2000 (41-22)734-5550

Date

Daytime Phone #

CR2E034 (9/99)