

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90143 039 ***550.00

DOCUMENT # **K77438**

1. Entity Name
ARAWAK, INC.



Principal Place of Business
13 AVENUE DE BUDE
GENEVA SWITZERLAND GE 1202
CH

Mailing Address
13 AVENUE DE BUDE
GENEVA SWITZERLAND GE 1202
CH

2. Principal Place of Business
5 PLACE DU MOLARD

3. Mailing Address **(MOLARD)**
5 PLACE DU MOLARD

Suite, Apt. #, etc.
FLOOR 2

Suite, Apt. #, etc.
FLOOR 2

City & State
GENEVA

City & State
GENEVA

Zip Country
1204 Switzerland

Zip Country
1204 Switzerland

4. FEI Number **65-0109829**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RYAN, JOHN J. J ☐ Delete
13 AVENUE DE BUDE
GENEVA SWITZERLAND GE 1202

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
RYAN, CAROLINA ☐ Delete
SAN GIOVANNI SUL MURO 14
MILAN IT 20121

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16 2003 41-22 734 5550

Date

Daytime Phone #

CR2E034 (10/02)