

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90013 001 ***150.00

0148986 AV

DOCUMENT # K93049

1. Entity Name
ARLEN, INC.

Principal Place of Business
2805 N. STATE ROAD 7
HOLLYWOOD FL 33021

Mailing Address
2805 N. STATE ROAD 7
HOLLYWOOD FL 33021

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0122927**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FEDERICI, SONDRA
2805 N. STATE ROAD 7
HOLLYWOOD FL 33021

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	FEDERICI, SONDRA	
STREET ADDRESS	2805 N. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIN, NAOMI	
STREET ADDRESS	2805 NO. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FEDERICI, JAMES	
STREET ADDRESS	2805 NO. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RHONDA	
STREET ADDRESS	2805 NO. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIN, CURT	
STREET ADDRESS	2805 NO. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIN, HARLEY	
STREET ADDRESS	2805 NO. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sondra Federici* **Sondra Federici** **2-26-02** **954-983-0506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)