2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am Secretary of State DOCUMENT # L01000012877 01-28-2002 90004 017 ****50.00 ARLA PROPERTIES, LLC Mailing Address Principal Place of Business 5898 N.W. 25TH COURT 5898 N.W. 25TH COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1133 445 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELSON, STEVEN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD SUITE 306 **BOCA RATON FL 33431** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition **MGRM** TITLE Change ☐ Delete TITLE HOPTA, ANDREW J NAME STREET ADDRESS 5898 N.W. 25TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

Meinte Andrew T. Hopta 1-15-02 561-998.3455

MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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FILED