

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18955

1. Entity Name

ARAGUA, INC.

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

05-15-2000 90307 035 ***150.00

Principal Place of Business

Mailing Address

~~6249 NW 36TH ST~~ **9110 Fontainebleau Blvd. #401.**
~~MIAMI FL 33166~~ **MIAMI, FL 33172**
 US

~~6249 NW 36TH ST~~ **9110 Fontainebleau Blvd**
~~MIAMI FL 33166~~ **#401.**
 US **MIAMI, FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9110 Fontainebleau Blvd

9110 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

401

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

4. FEI Number

65-0149383

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

JATTIN, MOISES
6360 NW 171 ST
MIAMI FL 33015

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JATTIN, MOISES	<input type="checkbox"/>		<input type="checkbox"/>
6360 NW 171 ST			
MIAMI FL 33015			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 MOISES JATTIN

04-26-00

(305) 228-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)