

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90192 015 ***158.75

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DOCUMENT # L22601

1. Entity Name
ARA ENTERPRISES, INC.



Principal Place of Business
**13780 ISHNALA CR.
WELLINGTON FL 33414**

Mailing Address
**13780 ISHNALA CR.
WELLINGTON FL 33414**



2. Principal Place of Business

530 BUSINESS PKY.

3. Mailing Address

530 BUSINESS PKY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #4

SUITE #4

City & State

City & State

ROYAL PALM BEACH, FL.

ROYAL PALM BEACH, FL.

Zip

Country

Zip

Country

33411

US

33411

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0147520

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROCKWERK, ALLEN
13780 ISHNALA CR.
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Rockwerk, Allen

Street Address (P.O. Box Number is Not Acceptable)

530 BUSINESS PKY #4

City

ROYAL PALM BEACH

FL

Zip Code

33411

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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

TITLE **P**
NAME **ROCKWERK, ALLEN**
STREET ADDRESS **13780 ISHNALA CR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

☒ Delete

Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **Rockwerk, Allen**
STREET ADDRESS **530 BUSINESS PKY #4**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

☒ Change

☐ Addition

ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

Allen Rockwerk

Date

Daytime Phone #

(561) 795-0997

CR2E034 (10/02)