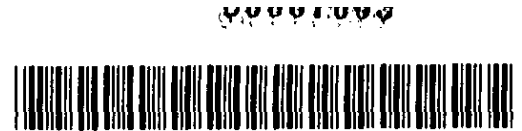


# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**  
 01-25-2000 90051 042 \*\*\*150.00

<b>DOCUMENT # L66409</b>			
1. Entity Name <b>ARAMAT, INC.</b>			
Principal Place of Business <b>600 HOUZE WAY SUITE B-6 ROSWELL GA 30076 US</b>		Mailing Address <b>600 HOUZE WAY SUITE B-6 ROSWELL GA 30076-1432 US</b>	
2. Principal Place of Business <b>32392 COAST HWY Suite, Apt. #, etc. # 150 City &amp; State LAGUNA BEACH, CA Zip 92651 Country USA</b>		3. Mailing Address <b>32392 COAST HWY Suite, Apt. #, etc. # 150 City &amp; State LAGUNA BEACH, CA Zip 92651 Country U.S.A.</b>	
4. FEI Number <b>58-1986562</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHRIS CADENHEAD 420 E. PINE VIEW AVENUE CRESTVIEW FL 32539</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	MALAS, MOHANNAD		
STREET ADDRESS	32392 COAST HWY. STE. 150		
CITY-ST-ZIP	LAGUNA BEACH CA 92661		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MALAS, SAID H.		
STREET ADDRESS	600 HOUZE WAY, STE. B-6		
CITY-ST-ZIP	ROSWELL GA 30076		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	MARGOLIAS, SOL		
STREET ADDRESS	6 CONCOURSE PKY., STE. 2990		
CITY-ST-ZIP	ATLANTA GA 30328		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 for a name like empowered.			
SIGNATURE: <b>REO MOHANNAD MALAS</b> 1/7/2000 (942) 499-5132			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE