FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90090 006 ***150.00

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

30026445

DOCUMENT # L 94889

1. Entity Name
ARLENE INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1505 W 23 ST	1505 W 23 ST
Suite, Apt. #, etc SUNSET ISLAND #3	Suite, Apt. #, etc SUNSET ISLAND #3
City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL
Zip 33140 Country US	Zip 33140 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0225189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID SHAPIRO

Street Address (P.O. Box Number is Not Acceptable)
1505 W 23 STREET
SUNSET ISLAND #3

City MIAMI BEACH FL Zip Code 33140

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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, DIR FRANKLIN B. GLUNN 40 SW 13TH ST MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES, SECY, DIR BENJAMIN S. SCHWARTZ 1 SE 3RD AVE, SUITE 2120 MIAMI, FLORIDA 33131
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CR2E034S (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ BENJAMIN S. SCHWARTZ 1-24-2003 305-665-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #