

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90182 033 \*\*\*\*50.00

**DOCUMENT # L98000001933**

1. Entity Name  
**ARH, L.C.**

Principal Place of Business  
**324 ROYAL PALM WAY, STE 231  
 PALM BEACH FL 33480**

Mailing Address  
**324 ROYAL PALM WAY, STE 231  
 PALM BEACH FL 33480**

00040400

2. Principal Place of Business

3. Mailing Address

**P.O. Box 2771**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Palm Beach, FL**

4. FEI Number **65-0884287**

Applied For  
 Not Applicable

Zip Country  
**33480 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAISFIELD, MARC ~~AESQ~~  
 324 ROYAL PALM WAY, STE 231  
 PALM BEACH FL 33480**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **ARH, INC.**  
 CITY-ST-ZIP **324 ROYAL PALM WAY  
 PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: **Marc Haisfield, Managing Member** 2/10/02 561-655-2829  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)