2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M35353 **DOCUMENT #**

1. Entity Name ARLO CORP.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90411 032 ***150.00

COO WE THE

Principal Place of Business 6261 NE 19TH AVENUE APT 1223 FT LAUDERDALE FL 33308 US			154	Mailing Address 154-36 12TH AVE. BEECHHURST NY 11357 US					1 88 (1814 0.18 14 8 1	ATT BURNINGS	ir Brani didil hat	ł
2. Principa	pal Place of Busi	iness	3. №	Mailing Address			\rightarrow					į
Suite, A	Apt. #, etc.		S	Suite, Apt. #, etc.				CHECK HEBE	'C LANCINO	Titte		
City & S	State		Ci	City & State			4.	CHECK HERE I			Applied For	
Zip		Country	Zip	.p	Count	itry		NOT APPLIC			Not Applicabl	le
	6. Name	e and Address of Current I	Registe	ered Agent		т — —	!	Certificate of Status Desired	— ғ	Fee Requir	dditional ired	
CIDIACE			Aog	ed Ayen.		Name		Name and Address of New Re	agistered A	gent		コ
1	E, ARTHUR				1			<u> </u>				
6261 N.I SUITE 1	I.E. 19 AVE. 1228					Street Addres	/ss (P.O. I	Box Number is Not Acceptable)				
)	UDERDALE FL	. 33334			}	City				T - CC		
8. The abo	ove named entit	v submits this statement for	or the pur	rnose of changing its	ragiotere			igent, or both, in the State of Flori	FL	Zip Cod	Je	
the oblig	jations of registr	ered agent.	no peri	Jose of Changing its i	tealgraner	J office or regis	stered ag	gent, or both, in the State of Flori	da. I am far	niliar with	, and accept	7
SIGNATURE	Æ											1
	Signature, typed o	or printed name of registered agent ar	.nd title if apr	plicable. (NOTE	E: Registered	Agent signature requ	tuited when r	reinstating)	DATE			
A44	FILE NOW!!	!! FEE IS \$150.00						T				-
Make Ched	er May 1, 200 ck Payable to	03 Fee will be \$550.00 Florida Department of	f					Election Campaign Finar Trust Fund Contribution.	ancing	\$5.0 Adde	00 May Be ed to Fees	
10.	10	OFFICERS AND D	JIRECTO		11.		- <u>Α</u> Γ	L DDITIONS/CHANGES TO OFFIC	COS AND E	"OCCIOE		_
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STREET ADDRESS	is 6261 NE 19	9 AVE			NAME] Unango	Maaraga	CR2E034 (10/02)
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CITY-ST-ZIP		DERDALE FL 33308			CITY-ST	1 2 40	~~~~			-		
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	Certify that the in				CITY-ST-Z	ZIP						

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Book 17 or Book 17 or Book 17 or Book 12 or Book 13 or Book 14 or Boo

SIGNATURE:

DIBIASE 1/4/03

Daytime Phone #