

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001397

1. Entity Name
ARIANA, LLC

FILED

01 JAN 25 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
110 S.E. 6TH STREET, 28TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
110 S.E. 6TH STREET, 28TH FLOOR
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886342**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM LIVING EARTH TECHNOLOGY COMPANY** Delete

STREET ADDRESS **110 S.E. 6TH STREET, 28TH FLOOR**

CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE NAME **MGRM Republic Services Aviation, Inc.** Change Addition

STREET ADDRESS **110 S.E. 6th Street, 28th floor**

CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME **400003623794--5** Change Addition

STREET ADDRESS **-02/02/01--01015--014**

CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **David A. Barclay** Authorized Rep. 1/16/01 954-769-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)