

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90110 044 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000000401			
1. Entity Name ARISTA BUILDERS, INC.			
Principal Place of Business 9330 REGENCY PARK BV PORT RICHEY FL 34668		Mailing Address 503 LAKEVIEW DR OLDSMAR FL 34677	
2. Principal Place of Business		3. Mailing Address 2126 CENTERVIEW CT. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEARWATER FL	
Zip	Country	Zip 33759	Country PINELLAS
4. FEI Number 59-3615002		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 MELI, SAMUEL J 503 LAKEVIEW DR OLDSMAR FL 34677		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2126 CENTERVIEW CT. S. City CLEARWATER FL Zip Code 33759	
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 <u>SAMUEL J. MELI, PRESIDENT</u> <u>1/9/02</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELI, SAMUEL J 4350 W. CYPRESS, SUITE 275 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE: **SAMUEL J. MELI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)