

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013785

1. Entity Name

Arguna, Inc

Principal Place of Business

Mailing Address

SAMA

218 Duval St.
Key West, FL., 33040

2. Principal Place of Business

218 Duval St

3. Mailing Address

SAMA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

4. FEI Number

☒ Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Christopher Clarke
12130 S.E. 47th Ave
Bellview, FL. 33420
DeceasedName: Mitchell Denker
Street Address (P.O. Box Number is Not Acceptable)
12130 S.E. 47th Ave
City: Bellview FL Zip Code: 33420

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

Mitchell Denker

5/1/01

(NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to certify its intangible
tax filing requirement and elect to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
a. \$5.00 May Be
b. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Mitchell Denker
STREET ADDRESS: 12130 S.E. 47th Ave
CITY-ST-ZIP: Bellview, FL, 33420TITLE: Vice President
NAME: Virginia Pugh
STREET ADDRESS: 3704 Pearlman Court
CITY-ST-ZIP: Key West, FL, 33040TITLE: Vice President
NAME: Virginia Pugh
STREET ADDRESS: 3704 Pearlman Court
CITY-ST-ZIP: Key West, FL, 33040TITLE: Pamela Roseman
NAME: Pamela Roseman
STREET ADDRESS: 3318 Duck Ave.
CITY-ST-ZIP: Key West, FL.TITLE: Pamela Roseman
NAME: Pamela Roseman
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NAME: Pamela Roseman
STREET ADDRESS: 3318 Duck Ave.
CITY-ST-ZIP: Key West, FL.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mitchell Denker

Mitchell Denker 5/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #