2001 UNIFORM BUSINESS REPORE (UBR) May 30, 2001 8:00 am Secretary of State DOCUMENT #\(\infty\)(\(\c)\) ARVEN PRODUCTS, 05-30-2001 90030 030 ***150.00 1325 S. Powerline Rd +13 same C0070571 Pompano Beach 33069 2. Principal Place of Business 3. Mailing Address same Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip ZipCountry \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) FÉE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20(1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) __ Make Check Payab a to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DIRECTOR Addition TITLE TITLE Martha Cerino NAME NAME 25 S. Power Line Rd #13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach th Addition Change Director Maritza del Pardo TITLE TITLE NAME 1325 S. Powe Pline Rd # 13 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 🗀 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that must 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 energy required by Chapter 607, Florida Statutes; and that muy name appears in Block 11 or Block 12 if nt with an address, with all other like empowered