

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000040643**

1. Entity Name

A.R.Y. PROPERTIES, INC.

Principal Place of Business

**7249 N.W. 36TH COURT
MIAMI FL 33147**

Mailing Address

**7249 N.W. 36TH COURT
MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1006820

Applied For

Not Applicable

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

**WOLFE, MELVIN
7249 N.W. 36TH COURT
MIAMI FL 33147**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KATTAN, ABRAHAM 7249 N.W. 36TH COURT MIAMI FL 33147	<input type="checkbox"/>		
D KATTAN, RAHAMIN 7249 N.W. 36TH COURT MIAMI FL 33147	<input type="checkbox"/>		
D IZHAK, YORAM 3301 N.W. 107TH COURT MIAMI FL 33167	<input type="checkbox"/>		
D WOLFE, MELVIN 7249 N.W. 36TH COURT MIAMI FL 33147	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01**305-836-1300****FILED
Apr 30, 2001 8:00 am
Secretary of State**

04-30-2001 90331 015 ***150.00

962436

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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