

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000061981*
Entity Name *ARIEL'S COMPANY*

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90064 024 ***150.00

Principal Place of Business Mailing Address
5650 STIRLING RD *SAME*
HOLLYWOOD FL 33021

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1021591</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
AMRON SASSON
17601 NE 7TH PL
NORTH MIAMI BCH FL 33162

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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]* DATE *3/20/01*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
PTSD			TITLE		
SASSON, AMRON			NAME		
17601 NE 7TH PL			STREET ADDRESS		
NMB FL 33162			CITY-ST-ZIP		
<input type="checkbox"/> Delete			TITLE		
			NAME		
<input type="checkbox"/> Delete			STREET ADDRESS		
			CITY-ST-ZIP		
<input type="checkbox"/> Delete			TITLE		
			NAME		
<input type="checkbox"/> Delete			STREET ADDRESS		
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<input type="checkbox"/> Delete			TITLE		
			NAME		
<input type="checkbox"/> Delete			STREET ADDRESS		
			CITY-ST-ZIP		
<input type="checkbox"/> Delete			TITLE		
			NAME		
<input type="checkbox"/> Delete			STREET ADDRESS		
			CITY-ST-ZIP		

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]* DATE: *3/20/01* DAYTIME PHONE #: *(954) 985-1771*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)