

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90225 049 ***150.00

DOCUMENT # P00000117678

1. Entity Name

ARIES INSURANCE COMPANY, INC.

Principal Place of Business

**560 N.W. 165TH STREET ROAD
 MIAMI FL 33169-6305**

Mailing Address

**560 N.W. 165TH STREET ROAD
 MIAMI FL 33169-6305**

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

23-1319849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FRAYND, PAUL
 560 N.W. 165TH STREET ROAD
 MIAMI FL 33169-6305**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **FRAYND, PAUL**
 STREET ADDRESS **224 SOUTH ISLAND DRIVE**
 CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE **D** ☐ Delete
 NAME **FRAYND, SAUL**
 STREET ADDRESS **3801 NE 207TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **FRAYND, FANNY**
 STREET ADDRESS **2800 ISLAND BLVD, #2702**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **FRAYND, MARCOS**
 STREET ADDRESS **2800 ISLAND BLVD, #2702**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **SINGER, SALOMON**
 STREET ADDRESS **2800 ISLAND BLVD, #2702**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **FRAYND, GLADYS**
 STREET ADDRESS **3617 CARLTON PLACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL FRAYND

Date

Daytime Phone #

4.11.2002 (305) 945-9200-EXT 2355

CR2E034 (9/01)