

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90119 042 \*\*\*563.75

**DOCUMENT # P01000016305****1. Entity Name**  
**ARDELEAN MANAGEMENT, INC.****Principal Place of Business**  
**2400 E. COMMERCIAL BLVD., SUITE 820**  
**FORT LAUDERDALE FL 33308****Mailing Address**  
**2400 E. COMMERCIAL BLVD., SUITE 820**  
**FORT LAUDERDALE FL 33308****2. Principal Place of Business***N/A***3. Mailing Address***N/A*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number***NOT APPLICABLE*

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****CLARK, THOMAS M**  
**2400 E. COMMERCIAL BLVD., SUITE 820**  
**FORT LAUDERDALE FL 33308**

Name

*N/A*

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. I am familiar with, and accept the obligations of registered agent.****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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **D** ☐ Delete  
**NAME** **ARDELEAN, CONSTANTIN**  
**STREET ADDRESS** **8445 SPRINGTREE DRIVE**  
**CITY-ST-ZIP** **SUNRISE FL 33351****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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: CONSTANTIN ARDELEAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*954) 742-8960*  
*08/21/02*