

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 91784 003 ***158.75

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 8445 SPRINGTREE DR Suite, Apt. #, etc. OFFICE BUILDING		3. Mailing Address 8445 SPRINGTREE DR Suite, Apt. #, etc. OFFICE BUILDING	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33351 Country BROWARD		Zip 33351 Country BROWARD	
6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 E. COMMERCIAL BLVD., SUITE 820 FORT LAUDERDALE FL 33308		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name: CONSTANTIN ARDELEAN Street Address (P.O. Box Number is Not Acceptable): 8445 SPRINGTREE DR City: SUNRISE FL FL Zip Code: 33351		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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: <i>Constantin Ardelean</i> CONSTANTIN ARDELEAN 04/28/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ARDELEAN, CONSTANTIN STREET ADDRESS: 8445 SPRINGTREE DRIVE CITY-ST-ZIP: SUNRISE FL 33351	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Constantin Ardelean</i> 06-04-03		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CFR2E034 (10/02)