

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

3. Mailing Address

8445 SPRINGTREE DR

Suite, Apt. #, etc.

OFFICE BUILDING

Suite, Apt. #, etc.

OFFICE BUILDING

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CLARK, THOMAS M

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

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

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

Constantin Ardelean **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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARDELEAN, CONSTANTIN	
STREET ADDRESS	8445 SPRINGTREE DRIVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Constantin Ardelean **06-04-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)