

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91211 022 ***150.00

DOCUMENT # P01000024491

1. Entity Name
ARIES DEVELOPMENT CORPORATION

Principal Place of Business
1510 HAMMOCK LANE
PEMBROKE PINES FL 33026

Mailing Address
1510 HAMMOCK LANE
PEMBROKE PINES FL 33026

2. Principal Place of Business
1510 HAMMOCK
 Suite, Apt. #, etc.
1510

3. Mailing Address
1510 HAMMOCK LANE
 Suite, Apt. #, etc.
1510

City & State
PEMBROKE PINES FL
Zip
33026
Country
FLORIDA

City & State
PEMBROKE PINES FL
Zip
33026
Country
FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAPOZZI, J.V.
1510 HAMMOCK LANE
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
N/A
City
N/A **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 N/A
 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 ☒ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE PRESIDENT JOHN V. CAPOZZI 1510 HAMMOCK LANE PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE V.P. BILL LAYSTROM ESQ 1177 SE 3RD AVE FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE SEC. TREAS. JOHN D VOIGT JR. 1177 SE 3RD AVE FT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: JOHN V. CAPOZZI **DATE** 4/29/02 **DAYTIME PHONE #** 954 438 4985
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)