

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90095 035 ***150.00

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

DOCUMENT # **P01000033987**
 1. Entity Name
ARIE MREJEN MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 W. CYPRESS CK RD.
 Suite, Apt. #, etc.
STE 302
 City & State
FT. LAUDERDALE, FL
 Zip
33309 Country
U.S.A.

3. Mailing Address
SAME.
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

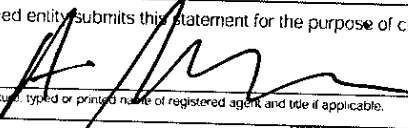
DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0391247
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
ARIE MREJEN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
701 W. CYPRESS CK. RD.
SUITE 302
 City
FT. LAUDERDALE FL Zip
33309

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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

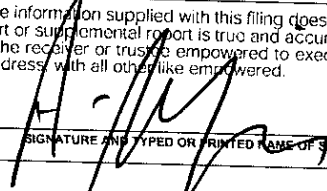
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARIE MREJEN 701 W. CYPRESS CK. RD. #302 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARIE MREJEN, Pres.** 4/30/02 984-721-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #