

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91217 001 \*\*\*150.00

0514646 AV

**DOCUMENT # P01000045043**

1. Entity Name  
**AARAS, INC.**

Principal Place of Business  
**4137 GULF OF MEXICO DRIVE  
 SUITE 302  
 LONGBOAT KEY FL 34228**

Mailing Address  
**4137 GULF OF MEXICO DRIVE  
 SUITE 302  
 LONGBOAT KEY FL 34228**

2. Principal Place of Business  
**1509 Havendale Blvd.**

3. Mailing Address  
**2300 29th Street NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Winter Haven FL**

City & State  
**Winter Haven FL**

4. FEI Number  
**59-3719567**

Applied For  
 Not Applicable

Zip Country  
**33881 Polk**

Zip Country  
**33881 Polk**

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**

**PATEL, DHIRENDRA  
 4137 GULF OF MEXICO DRIVE  
 SUITE 302  
 LONGBOAT KEY FL 34228**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2300 29th Street NW**

City Zip Code  
**Winter Haven FL 33881**

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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME **PD PATEL, DHIRENDRA**  
 STREET ADDRESS **4137 GULF OF MEXICO DRIVE, SUITE 302**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2300 29th Street NW**  
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☐ Delete  
 NAME **VPD PATEL, SONALBEN**  
 STREET ADDRESS **4137 GULF OF MEXICO DRIVE, SUITE 302**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2300 29th Street NW**  
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/02**  
 Date

**863 294 9133**  
 Daytime Phone #

CR2E034 (9/01)