

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90084 044 ***150.00

DOCUMENT # P01000045358

1. Entity Name
ARUNEE, INC.



Principal Place of Business
**1260 NE 97TH STREET
MIAMI SHORE FL 33138**

Mailing Address
**7510 BEACHVIEW DR
MIAMI FL 33141**

2. Principal Place of Business
1260 NE 97TH STREET.
Suite, Apt. #, etc. **-**

3. Mailing Address
7510 BEACHVIEW DR.
Suite, Apt. #, etc. **-**

City & State
MIAMI SHORE FL.

City & State
MIAMI FL.

Zip
33138 Country
USA

Zip
33141 Country
USA.

4. FEI Number **65-1103319**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALEPOL, ARUNEE
1260 NE 97TH STREET
MIAMI SHORE FL 33138**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEPOL, ARUNEE 1260 NE 97TH STREET MIAMI SHORE FL 33138 <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: *ARUNEE SALEPOL* **REQUIRED** **ARUNEE SALEPOL.** (305) 762-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jan. 14 / 2003 Date Daytime Phone #

CR2E034 (10/02)