

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90130 001 ***150.00
01-15-2003 90130 002 *****8.75

DOCUMENT # P01000068764

1. Entity Name
ARFA CORPORATION, INC.



Principal Place of Business
**8958 COLLINS AVE.
SURFSIDE FL 33154**

Mailing Address
**8958 COLLINS AVE.
SURFSIDE FL 33154**

2. Principal Place of Business

**1111 KANE CONCOURSE
SUITE # 303**

3. Mailing Address

P.O. Box 546966

City & State
BAY, HARBOR, FLORIDA

City & State
SURFSIDE, FLORIDA

Zip Country
33154 U.S.A.

Zip Country
33154 U.S.A.

4. FEI Number **65-1118116**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AGHLAGHANIAN, EGHIA K
8958 COLLINS AVE.
SURFSIDE FL 33154**

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  01/14/03
Signature, type 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** ☐ Delete
NAME **AGHLAGHANIAN, EGHIA**
STREET ADDRESS **8958 COLLINS AVE.**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **D** ☐ Delete
NAME **PINTO, FABIO S**
STREET ADDRESS **19390 COLLINS AVE., #1214-A**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:  01/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-864 4650

CR2E034 (10/02)