


02-03 (2003)
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P01000084238</u>	
1. Entity Name <u>ARISA, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>18671 COLLINS AVE</u>	3. Mailing Address <u>18671 COLLINS AVE.</u>
Suite, Apt. #, etc. <u>1802</u>	Suite, Apt. #, etc. <u>1802</u>
City & State <u>SUNNY ISLES</u>	City & State <u>SUNNY ISLES</u>
Zip <u>33160</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1147467</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
	7. Name and Address of Current Registered Agent		
	Name <u>IGAL BIRMAN</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>18671 COLLINS AVE. #1802</u>			
City <u>SUNNY ISLES</u>			FL Zip Code <u>33160</u>

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 IGAL BIRMAN
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/11/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <u>P.O. IGAL BIRMAN</u> <u>18671 COLLINS AVE. #1802</u> <u>SUNNY ISLES, FL. 33160</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>800016229458</u> <u>04/17/03--01097--006 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VSD IGAL BIRMAN</u> <u>18671 COLLINS AVE #1802</u> <u>SUNNY ISLES, FL. 33160</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>800016229458</u> <u>04/17/03--01097--007 **150.00</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: IGAL BIRMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)


DEPT OF STATE
DIV OF CORP

RE; ARISA, INC.
#P01000084238

DEAR SIRS,

WE RESPECTFULLY REQUEST A WAIVER OF REINSTATEMENT FEES TO
FILE THE UBR REPORT FOR 2002. THE UBR REPORT WAS NEVER
FORWARDED TO OUR NEW ADDRESS BY THE POST OFFICE WHEN WE
MOVED! ENCLOSED IS THE FEES FOR THE UBR FOR 2002 AND 2003.

SINCERELY,


L GAL BIRMAN
4/11/03