FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2003 8:00 am Secretary of State 04-28-2003 91844 007 ***150.00

DOCU 1. Entity Nam	MENT# 701000 Årbe Paintin	18, INC				04-20-2003 9164	4 007	130.00	
A COLUMN TO THE PARTY OF THE PA	DO NOT WRITE	IN THIS S	PACE			550428	03		
2. Principal F 320 Suite, Apt.	Place of Business AUL	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	ŀ	
City Siat	ami FL	City & State			4. FEI	Numbe 1149646		Applied For Not Applicable]
3316	+4 Pade	Zip	Country		5. Cen	ificate of Status Desired	\$8.7 Fee R	5 Additional equired	
			Name /	7	7. Name	and Address of Current Register	ed Agen	ıt	1
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			City 1	1-0			Zic	Code A. /I	
				~~~	<u>~~</u>	[]	- 13	3144	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered omce d	r registere	ra agent,	or both, in the State of Florida. Fam.	ramiliar	with, and accept	l
								}	1
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOT	E: Registered Agent signe	ture required w	vhen reinsta	ing) DATE			l
oper to be an ex-	nuary:1 May:1 Fee is \$150.00 After May:1 Fee is \$550.00 Amended UBR is \$61:25 Payable to Floride Department of	State		•		Election Campaign Financing     Trust Fund Contribution,		\$5.00 May Be Added to Fees	
10.	OFFICERS AND C	RECTORS	ALKANA (SE	3: 5:32			3.00	£2.4.3£3.89.80	_
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CITY-ST-ZIP			"STREET ADDRESS" CITY-ST-ZIP						
12. Thereby c	ertify that the information supplied with the	nis filing does not qualify for	the exemption star	ed in Sect	ion 113.	07(3)(i), Florida Statutes, I further ce	rtify that	the information	
of the con	on this report or supplemental report is to poration or the receiver or trustee empor It with an address, with all other like emp	we and accurate and that m wered to execute this report	ny signature shall h	ave the sai	me lecal	effect as if made under path; that I :	am an of	flicer or director	