2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000000715 **DOCUMENT #**

1. Entity Name

ARNU DESIGN COMPANY

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FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90147 036 ***150.00

Principal Place of Business 5079 NORTH DIXIE HIGHWAY				Mailing Address 5079 NORTH DIXIE HIGHWAY										
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FORT LAUDERDALE FL 33334				FORT LAUDERDALE FL 33334				1 (84)(88) (8)		E111 E411 E811		IN (1881 66	11 (48)	
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2. Principal P	Place of Busin	ness	3. Ma	ling Address				4 COUTTRULEUL	MATIN STRUCT MATERIA	AFILI BBAHI BAFA	F Bu rel u b lei iui	 	it 1 46 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Stat	· a		City	& State			- 	FEI Number				Applied	Eor	٦
ony a state			City	,			4.	30-0004-829			Not Applicab		1	
Zip Country			Zip	Zip Co			5. Certificate of Status Desir			Ġ	\$8.75 . Fee Requ	Additiona iired	al	
6. Name and Address of Current R				legistered Agent			7. Name and Address of New Registered Agent							
						Name								1
VALLEJO,	JIM O													
720 NE 39TH STREET						Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
	PARK FL													1
							FL					Zip Code		
	named entit	y submits this statement for tered agent.	or the purp	ose of changing its r	egister	ed office or	registered ag	gent, or both, i	the State of F	lorida. I an	n familiar wi	th, and a	accept	1
SIGNATURE .														
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signatu	re required when r	reinstating)		DATE		•		
F	UE NOW!	!! FEE IS \$150.00												1
Afte	r May 1, 201	03 Fee will be \$550.00 o Florida Department o	f State						n Campaign F und Contributi			.00 Ma ded to Fe		
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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: