

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200002117

1. Entity Name

AFAR Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

20005411

2. Principal Place of Business
 PO BOX 1618

3. Mailing Address
 PO BOX 1618

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 KEY BISCAYNE FL

City & State
 KEY BISCAYNE FL

4. FEI Number

Applied For
 Not Applicable

Zip
 33149

Country
 USA

Zip
 33149

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of Registered Agent

Name A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code
 33131

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.

SIGNATURE

Paul Smith

PAUL SMITH, VICE PRESIDENT

1-8-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
 DIRECTOR Arleen Richartz
 STREET ADDRESS PO BOX 1618
 CITY - ST - ZIP KEY BISCAYNE FL 33149

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arleen Richartz

Arleen Richartz, DIRECTOR

12/30/02

305 205-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0520348 (12/01)