FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90069 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025950

1. Entity Name
ARIEDAM CORPORATION

10090869

Principal Place of Business
WINSTON TOWERS 600
210 174 STREET, UNIT 2303
SUNNY ISLES BEACH, FL 33160

Mailing Address
WINSTON TOWERS 600
210 174 STREET, UNIT 2303
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0615899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROUSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021

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 ____________________
Signature, typed 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	DPS	☐ Delete
NAME	DOS SANTOS, JOSE C	
STREET ADDRESS	WINSTON TOWERS 600 210 174 ST. UNIT 2303	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	VTD	☐ Delete
NAME	DOS SANTOS, SANDRA M	
STREET ADDRESS	WINSTON TOWERS 600 210 174 ST. UNIT 2303	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 ____________________ 04/25/2003 305-4669702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #