FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90183 035 ***150.00

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DOCUMENT # P02000057160

1. Entity Name
ARUPAC CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2875 N.E. 191st STREET		2875 N.E. 191st STREET	
Suite, Apt. #, etc. SUITE 801		Suite, Apt. #, etc. SUITE 801	
City & State AVENTURA, FLORIDA		City & State AVENTURA, FL	
Zip 33180	Country U.S.A.	Zip 33180	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0013347 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DANIEL J. SERBER

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

2785 N.E. 191st STREET

City AVENTURA **FL** Zip Code 33180

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

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 D NAME AROUGETTI, RAFAEL STREET ADDRESS 2875 N.E. 191st STREET CITY-ST-ZIP AVENTURA FLORIDA 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ RAFAEL AROUGETTI — 3/7/03 — 305-932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)