FILED
Feb 28, 2003 8:00 am
Secretary of State
02-28-2003 90124 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086686

1. Entity Name
ARPAD FINANCIAL CORP.

Principal Place of Business	Mailing Address
1920 E. HALLANDALE BEACH BLVD PENTHOUSE #2 HALLANDALE, FL 33009 US	1920 E. HALLANDALE BEACH BLVD PENTHOUSE #2 HALLANDALE, FL 33009 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3621 SE 34th Ave	2241 SW 164th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKeechobee FL	City & State: MiRAMAR FL
Zip: Country: US	Zip: 33027 Country: US

4. FEI Number: 43-1997416 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAZANT, LARRY S 1920 E. HALLANDALE BEACH PH#2 HALLANDALE, FL 33009	Name: Suha ELTALLA Street Address (P.O. Box Number is Not Acceptable): 2241 SW 164th Avenue City: MiRAMAR FL Zip Code: 33027

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: _____ Suha ELTALLA 2-25-03
(Authorized officer's printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when attesting.) DATE

FILE NOW: FEE IS $150.00
After May 1, 2003 Fee will be $600.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
P/D Suha ELTALLA 2241 SW 164th Avenue MiRAMAR FL 33027			
V/P WASSIM LATCH 2241 SW 164th Avenue MiRAMA FL	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: _____ 2-25-03 954-433-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Suha EL TALLA, President