

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017976 AV

<b>DOCUMENT #</b> P02000088290	
<b>1. Entity Name</b> ARK INTERNATIONAL, INC.	

FILED  
04 SEP 20 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 112 WELLSTONE DR PALM COAST FL 32164	<b>Mailing Address</b> 112 WELLSTONE DR PALM COAST FL 32164
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 82-0563671	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  ARARAT, BEATRICE 112 WELLSTONE DR PALM COAST FL 32164
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<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT BEATRICE ARARAT 112 WELLSTONE DR PALM COAST FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE PRESIDENT CHARLES ARARAT 112 WELLSTONE DR PALM COAST FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SECY/TREAS PAUL ARARAT 112 WELLSTONE DR PALM COAST FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *BEATRICE ARARAT, Pres.* **SIGNATURE REQUIRED** *Aug-9-04*

CR2E034 (10/02)

**SHAPIRO & LIEBERMAN**

CERTIFIED PUBLIC ACCOUNTANTS

210 SYLVAN AVENUE

ENGLEWOOD CLIFFS, N.J. 07632-0998

CLARENCE SHAPIRO, C.P.A. (RETIRED)

JOSUE COICOU, C.P.A.

PINCUS LIEBERMAN, C.P.A.

W. DONALD MAURER, C.P.A.

(201) 871-8727

FID# 13-5637336

FAX (201) 871-8732

September 8, 2004

Ark International Inc.  
112 Wellstone Drive  
Palm Coast, FL 32164

**MEMO FOR FILING THIS TAX RETURN**

Attached hereto is your tax return: 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

For the Period Ended: 2003

Please sign, date and mail this return UPON RECEIPT.

To: DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

**THE BOXES CHECKED BELOW APPLY TO THIS RETURN**

(XXX) Include your remittance in the amount of \$150.00

Payable to: FLORIDIA DEPARTMENT OF STATE

- ( ) Information return, no tax accompanies this return.
- ( ) You have overpaid your tax by \$
- ( ) It will be refunded to you
- ( ) It is being applied against your estimated tax for the current year
- ( ) Joint return: Must be signed by both husband and wife
- ( ) Special instructions are as follows:

Very truly yours,

SHAPIRO & LIEBERMAN

By