

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90041 049 ***150.00

DOCUMENT # P03000002733

1. Entity Name

AREL PROPERTIES, INC.



Principal Place of Business

60 ANDOVER C
WEST PALM BEACH FL 33417

Mailing Address

60 ANDOVER C
WEST PALM BEACH FL 33417

Change

2. Principal Place of Business

5353 Toscana Trail

3. Mailing Address

5353 Toscana Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-3714058

Applied For

Not Applicable

Zip

33437

Country

FL

Zip

33437

Country

FL

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

AXELROD, LEONARD
60 ANDOVER C
WEST PALM BEACH FL 33417

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

2/26/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 P
NAME AXELROD, LEONARD ☒ Delete
STREET ADDRESS 60 ANDOVER C
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE T
NAME AXELROD, RIVKA ☒ Delete
STREET ADDRESS 60 ANDOVER C
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Axelrod, Leonard ☒ Change ☐ Addition
NAME
STREET ADDRESS 5353 Toscana Trail
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE Axelrod Rivka ☒ Change ☐ Addition
NAME
STREET ADDRESS 5353 Toscana Trail
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leonard Axelrod

2/26/04 861-364-2040