FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37408

1. Entity Name

Arrow Stores, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
48 West 38th St.	Same
Suite, Apt. #, etc.: 8th Floor	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10018 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3125042 ☐ 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: The Prentice Hall corp. System

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St. Suite 105

City: Tallahassee **FL** Zip Code: 32301

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	Pres./Dir	TITLE	
NAME	Marsal, B.	NAME	
STREET ADDRESS	48 West 38th Street	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10018	CITY - ST - ZIP	
TITLE	Treas.	TITLE	
NAME	Bernice, A.	NAME	
STREET ADDRESS	48 West 38th Street	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10018	CITY - ST - ZIP	
TITLE	Sectary	TITLE	
NAME	S., Coleman	NAME	
STREET ADDRESS	48 West 38th Street	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10018	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Anthony Bernice 212.883.4028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1