FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P93000060352 AARITA WORLDWIDE, INC. 04-09-2001 90030 029 ***150.00 Principal Place of Business 3015 Mailing Address 2575 S. OCEAN BLVD. -2578 S. OCEAN BLVD. HIGHLAND BEACH FL 33487 STE 208- 3.7 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address 3015 S. OCEAN 3015 S. **BLVD** DCEAN Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For IGHLAND BEACH 65-0434131 IGHLAND EACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEALY, CHARLOTTE A Street Address (P.O. Box Number is Not Acceptable) 164 N.E. 6TH AVE. SUITE A **DELRAY BEACH FL 33483** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE NAME ALAIMO, AGATHA 3015 S. DEEAN BLVD. #3D HIGHLAND BEACH, FL. 33487 STREET ADDRESS STREET ADDRESS -2575 S. GCEAN BLVD # 208 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL TITLE TITLE Detete NAME NAME ALAIMO, LOUIS 3015 S. OCEAN BLVD. # 3D STREET ADDRESS STREET ADDRESS 2575 S. OCEAN BLVD.: #208 HIGHLAND BEACH FL. 33487 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR