## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P94000062559

1. Entity Name ARJEL, INC.

DAVIS, JEFFREY

% MERL LAW FIRM 44 W. FLAGLER, STE 2200



Name

Principal Place of Business 16419 BROOKFIELD ESTATES WAY DELRAY BEACH FL 33446

Mailing Address 16419 BROOKFIELD ESTATES WAY

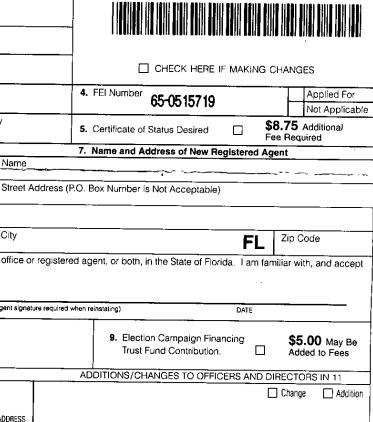
**DELRAY BEACH FL 33446** 

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Ζip Country Zip Country

6. Name and Address of Current Registered Agent

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90211 034 \*\*\*150.00



| MIAMI FL 33130  |  | City     |   | Zip Coo  |                |                 |
|---|--|----------|---|--|----------------|-----------------|
| 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  |  |          |   |  |                |                 |
| Afte<br>Make Check  | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State |          |   | Election Campaign Financing     Trust Fund Contribution. | \$5.0<br>Added | <b>0</b> May Be |
| 10.   | OFFICERS AND DIRECTOR  | RS 1     | 1. AD                                       | DITIONS/CHANGES TO OFFICERS A                            | ND DIRECTOR    | S IN 11         |
| STREET ADDRESS  | D<br>Brodsky, Jill<br>48 Karens Ln.<br>Englewood Cliffs nj 07632                                       | N<br>S   | ITLE<br>IAME<br>Treet address<br>ITY-ST-ZIP |  | ☐ Change       | ☐ Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | N.<br>Si | ITLE<br>AME<br>Treet adoress<br>ITY-ST-ZIP  |  | ☐ Change       | ☐ Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ·  | N/       | TLE   |  | ☐ Change.      | ☐ Addition      |
| TITLE<br>NAME<br>Street address<br>City-St-Zip  |  | NA<br>ST | TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP    |  | ☐ Change       | Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | NA<br>ST | TLE<br>MME<br>REET ADDRESS<br>TY-ST-ZIP     |  | ☐ Change       | Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | STI      | ME<br>REET ADDRESS<br>'Y-ST-ZIP             |  | ☐ Change       | Addition        |
| 2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(2)(i) Florido Statuto I for the control of |  |          |   |  |                |                 |

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

SIGNATURE: