FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066363

1. Entity Name
ARPITA INC.

FILED
03 SEP 25 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ARPITA INC	30 NE 51ST AVE
Suite, Apt. #, etc. 563 FLOMICH AVE	Suite, Apt. #, etc.
City & State HOLLY HILL, FLORIDA	City & State OCALA, FLORIDA
Zip 32117 Country	Zip 34470 Country

4. FEI Number
59-3266038
☐ 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: SANJAY PATEL

Street Address (P.O. Box Number is Not Acceptable):
30 NE 51ST AVE.

City: OCALA FL Zip Code: 34470

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amendment Fee is $25.00
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 SANJAY PATEL STREET ADDRESS 30 NE 51ST AVE. CITY-ST-ZIP OCALA. FL-34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Sanjay Patel 09/22/03 352-361-4599
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

gr 9/29