

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 018 ***150.00

DOCUMENT # P94000087408					
1. Entity Name Aremar Trading Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929			3. Mailing Address 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929		
			4. FEI Number 65-0534775		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name del Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St. Suite 761 City Miami FL Zip Code 33126-1929		
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 <u>Manuel R. del Valle</u> 3/5/03 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Ravelo, Rafael Calle Gracita Alvarez 16, Apt. 10B Sur Sto. Dom., Dominican Republic		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Rafael Ravelo</u> 24/4/03 809-562-1694 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)