

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90317 027 \*\*\*150.00

**DOCUMENT # P95000043892**

1. Entity Name

**ARISTA MANAGEMENT GROUP SOUTH, INC.**

Principal Place of Business

12229 PEMBROOK RD  
 PEMBROKE PINES FL 33025  
 US

Mailing Address

12229 PEMBROOK RD  
 PEMBROKE PINES FL 33025  
 US

HUUU 1174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12229 PEMBROKE ROAD  
 Suite, Apt. #, etc.

3. Mailing Address

12229 PEMBROKE ROAD  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0583967

Applied For

Not Applicable

Zip

Country

BROWARD

Zip

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, CHARLES W.  
 12229 PEMBROOK RD  
 PEMBROKE PINES FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

12229 PEMBROKE ROAD

City

FL

Zip Code

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

*Charles W Davis*

CHARLES W. DAVIS

1/10/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSD	DAVIS, CHARLES W	12229 PEMBROOK RD	PEMBROKE PINES FL	<input type="checkbox"/>
VP	DAVIS, JULIE	12229 PEMBROOK RD	PEMBROKE PINES FL	<input type="checkbox"/>
AST	THOMPSON, LAURA	12229 PEMBROOK RD	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		12229 PEMBROKE ROAD	PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		12229 PEMBROKE ROAD	PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		12229 PEMBROKE ROAD	PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Charles W Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 (954) 436-5888  
 Date Daytime Phone #

CR2E034 (9/99)