

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90668 041 ***150.00

DOCUMENT # P95000043892

1. Entity Name
ARISTA MANAGEMENT GROUP SOUTH, INC.



Principal Place of Business
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US**

Mailing Address
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0583967**

Applied For

Not Applicable

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 PEMBROKE ROAD
PEMBROKE PINES FL 33025**

Name **DAVIS, CHARLES W.**
Street Address (P.O. Box Number is Not Acceptable)
**13460 SW 10 St.
Suite 101**
City **Pembroke Pines** FL Zip Code **33027**

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 Charles W Davis

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/2002

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	DAVIS, CHARLES W	12229 PEMBROKE ROAD	PEMBROKE-PINES-FL-33025	<input type="checkbox"/>
VP	DAVIS, JULIE	12229 PEMBROKE ROAD	PEMBROKE-PINES-FL-33025	<input type="checkbox"/>
AST	THOMPSON, LAURA	12229 PEMBROKE ROAD	PEMBROKE-PINES-FL-33025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13460 SW 10 St. Suite 101	Pembroke Pines, FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13460 SW 10 St. Suite 101	Pembroke Pines FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13460 SW 10 St. Suite 101	Pembroke Pines, FL 33027	<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"/>

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/7/2002 (954) 436-5888

DATE

Daytime Phone #