

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90229 007 ***150.00

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DOCUMENT # P96000050392

1. Entity Name
ARAVA INC.



Principal Place of Business
18051 BISCAYNE BLVD
APT #602
AVENTURA FL 33160
US

Mailing Address
18051 BISCAYNE BLVD
APT #602
AVENTURA FL 33160
US



2. Principal Place of Business

4001 S. Ocean Dr

Suite, Apt. #, etc.

APT # 4F

City & State

Hollywood FL.

Zip

33019

Country

US

3. Mailing Address

4001 S. Ocean Dr.

Suite, Apt. #, etc.

APT # 4F

City & State

Hollywood FL.

Zip

33019

Country

US.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0678882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAHAR, AMNON
18051 BISCAYNE BLVD
APT #602
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

SHAHAR AMNON

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

4001 S. Ocean Dr

APT # 4F

City

Hollywood

FL

Zip Code

33019.

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

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

TITLE **PVP** ☐ Delete
NAME **SHAHAR, AMNON**
STREET ADDRESS **20911 NE 12 AVE**
CITY-ST-ZIP **N MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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
SHAHAR AMNON

04/22/03 (954) 485-2939

Date

Daytime Phone #

CR2E034 (10/02)