

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0125374

04-02-2001 90304 032 \*\*\*150.00

**DOCUMENT # P97000009147**

1. Entity Name  
**ARFA CONSULTANTS, INC.**

Principal Place of Business  
**10395 STONEBRIDGE BLVD  
 BOCA RATON FL 33498**

Mailing Address  
**10395 STONEBRIDGE BLVD  
 BOCA RATON FL 33498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2880 NE 14 ST.**

3. Mailing Address  
**2880 NE 14 ST**

Suite, Apt. #, etc.  
**APT 1013**

Suite, Apt. #, etc.  
**APT 1013**

City & State  
**POMPANO BEACH FL**

City & State  
**POMPANO BEACH FL**

Zip  
**33062**

Zip  
**33062**

Country

Country

4. FEI Number **65-0728860** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARFA, CARL  
 10395 STONEBRIDGE BLVD  
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name **ARFA, CARL**

Street Address (P.O. Box Number is Not Acceptable)  
**2880 NE 14 ST.**

City **POMPANO BEACH** FL Zip Code **33062**

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 *Carl Arfa* DATE **3/28/01**

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARFA, CARL</b> <b>10395 STONEBRIDGE BLVD</b> <b>BOCA RATON FL 33498</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARFA, CARL</b> <b>2880 NE 14 ST</b> <b>POMPANO BEACH, FL 33062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE: *Carl Arfa* DATE **3/28/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)