

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0408213 AV

DOCUMENT # **P97000009147**

1. Entity Name
ARFA CONSULTANTS, INC.

04-11-2002 90670 038 ***150.00

Principal Place of Business 2880 NE 14TH ST APT 1013 POMPANO BEACH FL 33062	Mailing Address 2880 NE 14TH ST APT 1013 POMPANO BEACH FL 33062
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2. Principal Place of Business 10280 SPYGLASS WAY	3. Mailing Address 10280 SPYGLASS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 65-0728860	Applied For <input type="checkbox"/> Not Applicable
Zip 33498	Country USA	Zip 33498	Country USA

6. Name and Address of Current Registered Agent ARFA, CARL 2880 NE 14TH ST APT 1013 POMPANO BEACH FL 33062	7. Name and Address of New Registered Agent Name CARL ARFA Street Address (P.O. Box Number is Not Acceptable) 10280 SPYGLASS WAY City BOCA RATON FL Zip Code 33498
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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* **CARL ARFA** DATE **4/6/02**

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, 2002 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	D ARFA, CARL 2880 NE 14TH ST #1013 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARL ARFA 10280 Spyglass Way Boca Raton, FL 33498
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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 empowered.

SIGNATURE: *Carl Arfa* **CARL ARFA** DATE **4/6/02** DAYTIME PHONE # **561-487-9960**

CR2E034 (9/01)