FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P9700034460 1. Entity Name ARIEL VENTURES, INC. 04-25-2001 90008 004 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 402624 5600 COLLING AVE MIAMI BEACH FL 33140 MIANT BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 780 NE 69th Street 780 NE Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1601 年1601 City & State 4. FEI Number Applied For City & State 65-0744404 Miami miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ロくむ Fee Required - \_ \_ 6. Name and Address of Current Registered Agent \_\_\_\_ - - 7: Name and Address of New Registered Agent Burnhill Laucen BURNHILL, LAUREN Street Address (P.O. Box Number is Not Acceptable) 5600 COLLINS AVE #1601 MIAMI BEACH FL 33140 Zip Code Hami 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 ure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete **BURNHILL, LAUREN** BURNHILL, LAUREN NAME 780 NE 69th Street, #1601 5600 COLLINS AVE, APT/850 MIANU BEACH RIJ 33140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP MIAMI FL 33138 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.