2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P97000036744** May 01, 2000 8:00 am 1. Entity Name ARUBA DEVELOPMENT CORP. Secretary of State 05-01-2000 90457 023 ***150.00 Mailing Address Principal Place of Business 871 W. OAKLAND PARK BLVD 871 W. OAKLAND PARK BLVD FT. LAUDERDALE FL 33311-1731 FT. LAUDERDALE FL 33311 CONTRICTED BLUE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0764580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required___ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BLODIG, GREGORY J ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE FL 33309 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition n TITLE Delete TITLE ambord, panie LAMBERT, DANIEL NAME NAME 2419 E. Commercial Blud Suitelow STREET ADDRESS STREET ADDRESS 871 W. OAKLAND PARK BLVD CITY-ST-ZIP Ft Laudendale, Fl 33358 CITY-ST-ZIP FT. LAUDERDALE FL 33311 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP -CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling coes 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 the 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 employees 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.