

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90059 039 ***150.00

DOCUMENT # P97000039645

1. Entity Name
ARIES INVESTMENTS, INC.

Principal Place of Business Mailing Address
730 W COLONIAL DR **730 W COLONIAL DR**
ORLANDO FL 32804 **ORLANDO FL 32804-7344**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3441893** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEW, NICOLE
730 W COLONIAL DR
ORLANDO FL 32804

Name **Mohamed Islam**
 Street Address (P.O. Box Number is Not Acceptable)
5705 E. Colonial Dr.
 City **Orlando** FL Zip Code **32807**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 **D** ☐ Delete
 NAME **KANJI, AZINA**
 STREET ADDRESS **730 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition
 NAME **Mohamed Islam** ☐ Change ☒ Addition
 STREET ADDRESS **5705 E. Colonial Dr.**
 CITY-ST-ZIP **Orlando FL 32807**

TITLE **D** ☒ Delete
 NAME **JIWANI, JAFFER**
 STREET ADDRESS **935 HWY 27 NO**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Change ☒ Addition
 NAME **Mohamed Islam** ☐ Change ☒ Addition
 STREET ADDRESS **5705 E. Colonial Dr.**
 CITY-ST-ZIP **Orlando FL 32807**

TITLE **D** ☒ Delete
 NAME **AKBERALI, ALNOOR**
 STREET ADDRESS **530 S LAKESHORE WAY**
 CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE ☐ Change ☐ Addition
 NAME **Mohamed Islam** ☐ Change ☒ Addition
 STREET ADDRESS **5705 E. Colonial Dr.**
 CITY-ST-ZIP **Orlando FL 32807**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

Daytime Phone #

1314 (9/99)