

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90136 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000091723  
 1. Entity Name  
**A.R.S ENTERPRISES, INC.**

830684

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3450 N. Andrews Ave**  
 Suite Apt. # etc.

3. Mailing Address  
**3450 N. ANDREWS AVE**  
 Suite Apt. # etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Fort. Lauderdale**

City & State  
**FORT. LAUDERDALE**

Zip  
**FL 33309**

Country

Zip  
**FL 33309**

Country

4. FEI Number  
**65-0790984**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 of the officer or director of the corporation or registered agent) (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

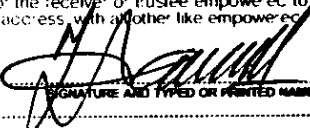
**January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$200.00  
 Annual Limit is \$81.25  
 Make Check Payable to Department of State**

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>DP NOORALI, JAWED 3450 N. ANDREWS AVE FORT. LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered

SIGNATURE:  **JAWED NOORALI** **4/5/02**

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

CR2ED0348 (12/01)