

2009
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P97000104719
1. Entity Name ARAX, INC. D/B/A DANIELIAN JEWELERS

FILED

2009 MAR -5 A 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 106 NORTH COUNTY ROAD Suite, Apt. #, etc.	3. Mailing Address 106 NORTH COUNTY ROAD Suite, Apt. #, etc.
City & State PALM BEACH, FL	City & State PALM BEACH, FL
Zip 33480	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VAHRAM DANIELIAN
Street Address (P.O. Box Number is Not Acceptable)
106 N COUNTY ROAD
City
PALM BEACH **FL** **Zip Code**
33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELIAN, VAHRAM 106 N COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	65-0801457-000145048098 03/05/09-01024--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANIELIAN, TANIA 106 N COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  VAHRAM DANIELIAN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2009
Date

(561) 655-4954
Daytime Phone #