

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90077 008 \*\*\*150.00

**DOCUMENT # P98000023659**



1. Entity Name  
**ARISTO OLYMPYS ENTERPRISES, INC.**

Principal Place of Business  
**5270 CANAL CIRCLE WEST  
LAKE WORTH FL 33467**

Mailing Address  
**5270 CANAL CIRCLE WEST  
LAKE WORTH FL 33467**

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 **65-0820736**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WEISS, JAN P. ESQ.**  
**370 W. CAMINO GARDENS BLVD.**  
**SUITE 342**  
**BOCA RATON FL 33432**

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

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>CORNIAS, MARK</b>                     |
| STREET ADDRESS | <b>5270 CANAL CIRCLE WEST</b>            |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33467</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>MAHAFFEY, ROBERT L</b>                |
| STREET ADDRESS | <b>501 LAKE DRIVE</b>                    |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33444</b>             |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
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| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mark Cornias* **MARK CORNIAS** 01/17/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)