

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90065 016 ***158.75

0170000 AV

DOCUMENT # P98000071657

1. Entity Name

ARA DEVELOPMENT CORPORATION

Principal Place of Business

**3900 NE 30TH AVE
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**3900 NE 30TH AVE
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3900 NE 30th Ave

3. Mailing Address

3900 NE 30th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL.

City & State

Lighthouse Point, FL.

Zip

33064

Country

US

Zip

33064

Country

US

4. FEI Number

65-0858045

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANTHONY, PHILLIP

3900 NE 30TH AVE

LIGHTHOUSE POINT FL 33064

7. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable

(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, 2002 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

TITLE **DSVP** ☐ Delete
 NAME **ANTHONY, PHILLIP**
 STREET ADDRESS **3711 NE 31ST AVENUE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **TSD** ☐ Delete
 NAME **ANTHONY, SYBIL**
 STREET ADDRESS **3711 NE 31ST AVENUE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **P** ☐ Delete
 NAME **ANTHONY, NEIL**
 STREET ADDRESS **1024 F GREEN PINE BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)