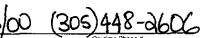
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074898 1. Entity Name ARABESQUES, INC.					Feb 01, 2000 8:00 am Secretary of State		
Principal Place of Business 2300 RICE ST. 3 COCONUT GROVE FL 33133		Mailing Address 2300 RICE ST. 3 COCONUT GROVE FL 33	· ·		02-01-2000 901	07 032 130.00	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		- DO NOT WRIT	E IN THIS SPACE	
City & State		City & State	City & State		. FEI Number 65-0859583	l	plied For t Applicable
Zip	Country	Zip	Country	5.	. Certificate of Status Desired	□ \$8.75 Add Fee Required	
	6. Name and Address of Cur	rrent Registered Agent	Na Na	7.	Name and Address of New Ro	egistered Agent	. •
ARMAND, PEGGY 3300 RICE ST. SUITE 3 COCONUT GROVE FL 33133				reet Address (P.O.	Box Number is Not Acceptable)	FL Zip Code	
Tax filling r (See criter	Signature, typed or printed name of registered oration is eligible to satisfy its intar equirement and elects to do so. iia on back)	ngible FILE NON After MAY 1, Make Check Pay	W!!! FEE IS \$ 2000 Fee will able to Depar	be \$550.00 tment of State	10. Election Campaign Fina Trust Fund Contribution	. 🛚 Added	May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMAND, PEGGY 3300 RICE ST. SUITE 3 COCONUT GROVE FL 3313	AND DIRECTORS . Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS	A <u>ODITIONS/CHANGES TO</u> OFFI	CERS AND DIRECTORS	S IN 11 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZE	I		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND STREET TO STREET STREET STREET	☐ Delete	TITLE NAMESTREET_ADD	-, .	a anggango . a aa aa a aa aa aa aa aa aa aa aa aa	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI	l l		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: : : : : : : : : : : : : : : : : : :	☐ Delete	TITLE NAME STREET ADO	- 1		☐ Change	Addition

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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED