

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **01-03** **p98000077830**

1. Entity Name **ARRAWAK Development Corp.**



FILED

03 APR -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8035 W 21st Lane

3. Mailing Address
4966 Chardonnay DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HiALEAH, FL

City & State
Coral Springs, FL

Zip
33016

Country
USA

Zip
33067

Country
USA

4. FEI Number
65-0863403

Applied For

Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **Rick Novaro**

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

4966 Chardonnay Drive

City **Coral Springs**

FL

Zip Code
33067

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

Rick Novaro
President

4-2-03

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 \$750.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Rick Novaro**
STREET ADDRESS **4966 Chardonnay Dr**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **Treasurer**
NAME **Katy Novaro**
STREET ADDRESS **4966 Chardonnay Dr**
CITY-ST-ZIP **Coral Springs, FL 33067**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Novaro

4-2-03

Date

954-410-5708

Daytime Phone #

CR2E034B (12/02)

Attachment #

P9800007783

April 2, 2003

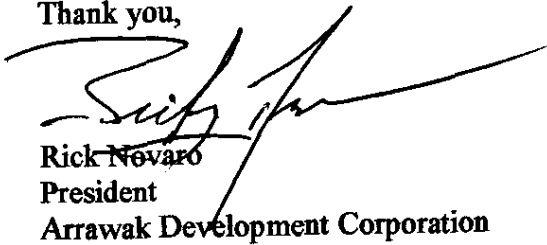
Florida Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 323021500

Attention: Customer Service

Enclosed is our Uniform Business Report and a check for \$450.00 to reinstate our company. We have not received our forms and are now in need to update the records.

If you have any questions or concerns please contact me at 954-410-5708.

Thank you,



Rick Novaro
President
Arrawak Development Corporation