

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91103 031 ***150.00

DOCUMENT # P98000088897

1. Entity Name
ARISTO CORP.

Principal Place of Business

**3730 21ST AVENUE SW
 NAPLES FL 34117**

Mailing Address

**3730 21ST AVENUE SW
 NAPLES FL 34117**

00043307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2732 FRANCIS AVE

3. Mailing Address

P.O. Box 990013

Suite, Apt. #, etc.

APT B

Suite, Apt. #, etc.

990013

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34112

Country

USA

Zip

34116

Country

USA

4. FEI Number **59-3537973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINTER, MICHAEL R ESQ.
 4328 CORPORATE SQUARE
 SUITE C
 NAPLES FL 34104**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WARNEKE, DAVID | |
| STREET ADDRESS | 3730 21ST AVENUE SW | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WARNEKE, LEONA | |
| STREET ADDRESS | 3730 21ST AVENUE SW | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| 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:

David J. Warneke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01
 Date

PAPER 717-0597
 Daytime Phone #

CR2E034 (10/00)