

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 026 ***150.00

DOCUMENT # **P98000108147**

1. Entity Name

ARH, INC.

DO NOT WRITE IN THIS SPACE

80057673

2. Principal Place of Business

324 Royal Palm Way

Suite, Apt. #, etc.

Suite 231

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Address

P.O. Box 2771

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Marc Haisfield

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

324 Royal Palm Way, Ste. 231

City

Palm Beach

FL

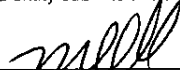
Zip Code

33480

**DO NOT WRITE
IN THIS SPACE**

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



Marc Haisfield, Director

3/26/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Director Marc Haisfield 324 Royal Palm Way, Ste. 231 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lisa Haisfield 324 Royal Palm Way, Ste. 231 Palm Beach FL 33480
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Marc Haisfield, Director

3/26/02

561-655-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)