1/21/00-90105-023-$150.00-$150.00

FILED
May 01, 2000 8:00 am
Secretary of State
01-21-2000 90105 023 ***150.00

DOCUMENT # P99000011574

1. Entity Name
ARDEN CONSULTANTS, INC.

Principal Place of Business	Mailing Address
19939 BOCA WEST DRIVE SUITE 3152 BOCA RATON FL 33434	19939 BOCA WEST DRIVE SUITE 3152 BOCA RATON FL 33434-3262

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19630 SAWGRASS CIRCLE	19630 SAWGRASS CIRCLE
Suite, Apt. #, etc. #8901	Suite, Apt. #, etc. #8901
City & State BOCA RATON, FL.	City & State BOCA RATON FL
Zip 33434 Country /	Zip 33434 Country

4. FEI Number 65-0894203 ☐ 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name LEWIS KRAVETTE Street Address (P.O. Box Number is Not Acceptable) 19630 SAWGRASS CIRCLE #2901 City BOCA RATON FL Zip Code 33434

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] LEWIS KRAVETTE 3/3/00
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, 2000 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 PTD NAME KRAVETTE, RUTH STREET ADDRESS 19939 BOCA WEST DRIVE CITY-ST-ZIP BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS 19630 SAWGRASS CIRCLE CITY-ST-ZIP BOCA RATON FL 33434	☑ Change ☐ Addition
TITLE SVD NAME KRAVETTE, LEWIS STREET ADDRESS 19939 BOCA WEST DRIVE CITY-ST-ZIP BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS 19630 SAWGRASS CIRCLE CITY-ST-ZIP BOCA RATON FL 33434	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] LEWIS KRAVETTE 1/14/00 561-479-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #