

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/21

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90009 040 \*\*\*150.00

**DOCUMENT # P99000053014**

1. Entity Name

ARPM INC.

*K*

Principal Place of Business 6130 NW 19 STREET MARGATE FL 33063	Mailing Address 6130 NW 19 STREET MARGATE FL 33063-2350
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>44 SOUTH CORTAZ DR.</i>	3. Mailing Address <i>44 SOUTH CORTAZ DR.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MARGATE - FLORIDA</i>	City & State <i>MARGATE - FLORIDA</i>	4. FEI Number <i>65-0926754</i>	Applied For Not Applicable
Zip <i>33068</i>	Country	Zip <i>33068</i>	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROSSI, ANAZILMA**  
 6130 NW 19 STREET  
 MARGATE FL 33063

7. Name and Address of New Registered Agent

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 *ANAZILMA ROSSI* *[Signature]* *4-19-2000*  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANAZILMA ROSSI</i> <input type="checkbox"/> Delete <i>44 S. CORTAZ DR. PRESIDENT</i> <i>MARGATE - FL - 33068-1960</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* *4-19-2000* *954 917.0525*  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)