

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90708 005 ***150.00

DOCUMENT # **799000057073**

1. Entity Name

Ariation, Technology & Development, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5729 Orange Rd

Suite, Apt. #, etc.

3. Mailing Address

8757 Nw 189 terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jupiter, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0932734

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Antonio Alvarez

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

8757 Nw 189 terr.

City

Miami

FL

Zip Code

33018

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Antonio Alvarez President

4/30/03

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 - Fee is \$150.00

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	<i>PTD</i>
NAME	<i>Antonio Alvarez</i>
STREET ADDRESS	<i>8757 Nw 189 terr.</i>
CITY-ST-ZIP	<i>Miami, Fl. 33018</i>
TITLE	<i>VP</i>
NAME	<i>Robert Hudson</i>
STREET ADDRESS	<i>5729 Orange Rd</i>
CITY-ST-ZIP	<i>Jupiter, Fl. 33458</i>
TITLE	<i>VP</i>
NAME	<i>Joseph Bellegghieri</i>
STREET ADDRESS	<i>7770 SW 146 St.</i>
CITY-ST-ZIP	<i>Miami, Fl. 33158</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
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:

Antonio Alvarez

4/30/03

(305) 829-0431

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/02)