

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91155 040 ***150.00

DOCUMENT # P99000093430

1. Entity Name
ARIES GROUP INCORPORATED

Principal Place of Business Mailing Address
5313 COLLINS AVE #105 PO BOX 4281
MIAMI BEACH, FL MIAMI BEACH, FL
33139 33141

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0958854** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEFAN RAYNER
1455 NE 2 AVE
MIAMI, FL 33138

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

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!!
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

TITLE ☐ Delete
 NAME **DP RAYNER, STEFAN R**
 STREET ADDRESS **1455 NE 2 AVE**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Delete
 NAME **DVS COGHLAN, MALACHY D**
 STREET ADDRESS **1455 NE 2 AVE**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DP RAYNER, STEFAN R**
 STREET ADDRESS **9760 W. BAY HARBOR DRIVE**
 CITY-ST-ZIP **BAY HARBOR ISLE - FL-33153**

TITLE ☒ Change ☐ Addition
 NAME **DVS COGHLAN, MALACHY D**
 STREET ADDRESS **9760 W. BAY HARBOR DRIVE**
 CITY-ST-ZIP **BAY HARBOR ISLE - FL-33153**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 no 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; 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: **S. RAYNER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-01
 Date

Daytime Phone #

CR2E034 (11/00)