

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104961

1. Entity Name

R.K.M. ARIANA, INC.

FILED

Jun 16, 2000 8:00 am  
Secretary of State

05-17-2000 90865 009 \*\*\*150.00

Principal Place of Business

Mailing Address

100-2ND AVENUE SOUTH  
SUITE 204, NORTH TOWER  
ST. PETERSBURG FL 33701

100-2ND AVENUE SOUTH  
SUITE 204, NORTH TOWER  
ST. PETERSBURG FL 33701

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

59-3611763

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

ROWE, JAMES C ESQ.  
100-2ND AVENUE SOUTH  
SUITE 204, NORTH TOWER  
ST. PETERSBURG FL 33701

Name

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

SUITE 12015

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

JAMES C. ROWE ESQ.

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

(NOTE: Registered Agent signature required when relocating)

4-25-00

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: PRESIDENT / SECRETARY  
NAME: RICHARD K. MALOOF  
STREET ADDRESS: 100 2ND AVE S., SUITE 204N  
CITY-ST-ZIP: ST PETERSBURG, FL 33701

TITLE: VICE PRESIDENT  
NAME: WILLIAM C. LLOYD  
STREET ADDRESS: 100 2ND AVE S., SUITE 204N  
CITY-ST-ZIP: ST. PETERSBURG, FL 33701

TITLE:   
NAME:   
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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 19.07(3)(l), 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:

RICHARD K. MALOOF

4-28-00

727-895-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)