

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111222

1. Entity Name  
**ARISTA INDUSTRIES CORP.**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90071 044 \*\*\*150.00

Principal Place of Business <b>10784 TEA OLIVE LANE BOCA RATON FL 33498</b>	Mailing Address <b>10784 TEA OLIVE LANE BOCA RATON FL 33498</b>
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DO NOT WRITE IN THIS SPACE

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

**65-0969686**

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

**LANDAU, STUART  
10784 TEA OLIVE LANE  
BOCA RATON FL 33498**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRESIDENT LANDAU STUART</b>	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS <b>10784 TEA OLIVE LANE</b>	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP <b>BOCA RATON, FL, 33498</b>	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE: Stuart Landau **STUART LANDAU** 2/16/00 **561-477-7289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)