

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90054 041 \*\*\*150.00

**DOCUMENT # P99000111222**

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

Principal Place of Business

**10784 TEA OLIVE LANE  
 BOCA RATON FL 33498**

Mailing Address

**10784 TEA OLIVE LANE  
 BOCA RATON FL 33498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7188 BRUNSWICK CIRCLE**

3. Mailing Address

**7188 BRUNSWICK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH, FLORIDA**

City & State

**BOYNTON BEACH, FLORIDA**

4. FEI Number

**65-0969686**

Applied For

Not Applicable

Zip

Country

**33437 PALM BEACH**

Zip

Country

**33437 PALM BEACH**

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)

**7188 BRUNSWICK CIRCLE**

City **BOYNTON BEACH**

FL

Zip Code **33437**

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 *Stuart Landau* **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**03/08/02**  
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	STUART, LANDAU	10784 TEA OLIVE LN	BOCA RATON FL 33498	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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 all other like empowered.

SIGNATURE: *Stuart Landau*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/08/02** **661-901-0703**  
 Date Daytime Phone #

CR2E034 (9/01)