

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90139 016 \*\*\*150.00

**DOCUMENT # P99000111222**



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

Principal Place of Business  
**7188 BRUNSWICK CIRCLE  
BOYNTON BEACH FL 33437**

Mailing Address  
**7188 BRUNSWICK CIRCLE  
BOYNTON BEACH FL 33437**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**C/O W.J. TREMBLAY P.A.  
1801 S. FEDERAL HWY, STE 219  
DELRAY BEACH FL  
33483 US**

CHECK HERE IF MAKING CHANGES

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  
**LANDAU, STUART  
7188 BRUNSWICK CIRCLE  
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent  
Name **W. J. TREMBLAY**  
Street Address (P.O. Box Number is Not Acceptable) **1801 S. FEDERAL HWY, STE 219**  
City **DELRAY BEACH** FL Zip Code **33483**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>STUART, LANDAU</b> <b>10784 TEA OLIVE LN</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P S T D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STUART LANDAU</b> <b>7188 BRUNSWICK CIRCLE</b> <b>BOYNTON BEACH, FL. 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date: 3/10/03 Daytime Phone #: 561-901-0703

CR2E034 (10/02)