FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90738 034 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57105 ✓

1. Entity Name: ARAMAR CORP.

DO NOT WRITE IN THIS SPACE

B0062047

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2. Principal Place of Business		3. Mailing Address	
8546 NW 64TH STREET		1541 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A3102	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33166	Country: U.S.A	Zip: 33129	Country: U.S.A

4. FEI Number: 65-0265379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PHARAON, KARIM

Street Address (P.O. Box Number is Not Acceptable): 1541 BRICKELL AVE, # A3102

City: MIAMI FL Zip Code: 33129

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] KARIM PHARAON 04/01/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T/M
NAME	PHARAON, KARIM
STREET ADDRESS	8546 N.W 64th STREET
CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KARIM PHARAON 04/01/02 (305) 5887720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #