

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 034 ***158.75

DOCUMENT # **557105** ✓

1. Entity Name

ARAMAR CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8546 NW 64TH STREET

3. Mailing Address

1541 BRICKELL AVE

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

A 3102

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0265379

Applicable For

Not Applicable

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

Country **U.S.A.**

City & State **MIAMI, FLORIDA**

Country **U.S.A.**

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**

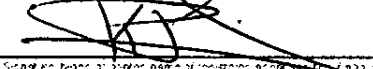
FL

Zip Code **33129**

**DO NOT WRITE
IN THIS SPACE**

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



KARIM PHARAON

04/01/02

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 \$64.25

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

FILE NAME
P/T/M PHARAON, KARIM
STREET ADDRESS
8546 N.W. 64TH STREET
CITY-STATE-ZIP
MIAMI, FLORIDA 33166

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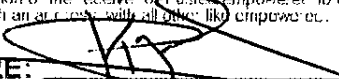
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and 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 affidavit with all other like empowers.

SIGNATURE:



KARIM PHARAON

04/01/02 (305) 5887720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034B (12/01)