

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S69447**

1. Entity Name
THE ARIEN PROPERTY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90325 001 ***150.00

Principal Place of Business 9130 S DADELAND BLVD. STE 1607 MIAMI FL 33156-7851 US	Mailing Address 9130 S DADELAND BLVD. STE 1607 MIAMI FL 33156-7851 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 65-0275711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**AMOROS, ALBERTO
9130 S DADELAND BLVD.
STE 1607
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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 _____ (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)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP NEIRA, CESAR <i>MONTEFLOR 670-201</i> ALAMEDA DEL CREPUSCULO 100 LIMA, PERU <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NEIRA, TERESA UYESU D <i>MONTEFLOR 670-201</i> ALAMEDA DEL CREPUSCULO 100 LIMA, PERU <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMOROS, ALBERTO 14224 SW 91 ST. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIRA, UYESU ENRIQUE ALAMEDA DEL CREPUSCULO 100 LIMA PE <i>AVE. JAVIER PRADO 1680-1501</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>CARLOS</i> NEIRA, UYESU CESAR ALAMEDA DEL CREPUSCULO 100 LIMA PERU <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIRA UYESU, TERESA ALAMEDA DEL CESPUSCULO 100 LIMA PE <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4/28/00** DAYTIME PHONE #: **(561) 750 1440**

CR2E034 (9/99)