

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90199 006 ***150.00

DOCUMENT # S96974
 1. Entity Name
ARKO MANAGEMENT INC.

Principal Place of Business: **2600 S. OCEAN BLVD., #15A BOCA RATON FL 33432**
 Mailing Address: **2600 S. OCEAN BLVD., #15A BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **c/o LMS Securities Corp., 220 Sunrise Ave., Suite 216 Palm Beach FL**
 3. Mailing Address: **c/o LMS Securities Corp., 220 Sunrise Ave., Suite 216 Palm Beach FL**

4. FEI Number: **65-0298230**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KOZAK, AARON
2600 S. OCEAN BLVD., 15A
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: **LMS Securities Corp**
 Street Address (P.O. Box Number is Not Acceptable): **220 Sunrise Ave., Suite 216**
 City: **Palm Beach FL** Zip Code: **33480**

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]* **LMS Securities Corp.**
 By: *[Signature]* **LMS Securities Corp.** DATE: **4/18/02**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D KOZAK, AARON 2600 S OCEAN BLVD 15A BOCA RATON FL 33432	
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/D Arnold Toren 192 Lexington Ave., Suite 1100 New York NY 10016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/D Ellen Lisa Kozak 284 Lafayette St., #4D New York NY 10012	
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **Arnold Toren** Date: **4/15/02** Daytime Phone #: **212-889-6371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)