

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**

2. Principal Place of Business

c/o LMS Securities Corp.

3. Mailing Address

c/o LMS Securities Corp.

Suite, Apt. #, etc.

220 Sunrise Ave., Suite 216

Suite, Apt. #, etc.

220 Sunrise Ave., Suite 216

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

65-0298230

Applied For

Not Applicable

Zip

33480

Country

US

Zip

33480

Country

US

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.

LMS Securities Corp.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

By:

(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, 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 ☒ Delete
NAME **D KOZAK, AARON**
STREET ADDRESS **2600 S OCEAN BLVD 15A**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **P/D Arnold Toren**
STREET ADDRESS **192 Lexington Ave., Suite 1100**
CITY-ST-ZIP **New York NY 10016**

TITLE ☐ Change ☒ Addition
NAME **S/D Ellen Lisa Kozak**
STREET ADDRESS **284 Lafayette St., #4D**
CITY-ST-ZIP **New York NY 10012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Arnold Toren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

212-889-6371

CR2E034 (9/01)