

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90114 032 \*\*\*150.00

**DOCUMENT # S96974**

1. Entity Name  
**ARKO MANAGEMENT INC.**



Principal Place of Business  
**220 SUNRISE AVE SUITE 216  
% LMS SECURITIES CORP  
PALM BEACH FL 33480**

Mailing Address  
**220 SUNRISE AVE SUITE 216  
% LMS SECURITIES CORP  
PALM BEACH FL 33480**

**90003169**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**KOZAK, AARON  
LMS SECURITIES CORP  
220 SUNRISE AVE SUITE 216  
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>KOZAK, AARON</b>	<b>2600 S OCEAN BLVD 15A BOCA RATON FL 33432</b>	<input checked="" type="checkbox"/> Delete			
	<b>PD</b>	<b>TOREN, ARNOLD</b>	<b>192 LEXINGTON AVE SUITE 1100 NEW YORK NY 10016</b>	<input type="checkbox"/> Delete			
	<b>SD</b>	<b>KOZAK, ELLEN L</b>	<b>284 LAFAYETTE ST 4D NEW YORK NY 10012</b>	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a like empowered.

**SIGNATURE:** **ARNOLD TOREN, PRES** **2/12-889-6371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #