

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 038 ***150.00

DOCUMENT # 636684

1. Entity Name

ARTHUR IAMARINO DEVELOPMENT CORP

001018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2001 S. SURF ROAD

Suite, Apt. #, etc.

7A

City & State

HOLLYWOOD, FL

Zip

33019

Country

3. Mailing Address

2001 S. SURF ROAD

Suite, Apt. #, etc.

7A

City & State

HOLLYWOOD, FL

Zip

33019

Country

4. FEI Number

59-2225052

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IAMARINO, ARTHUR

Street Address (P.O. Box Number is Not Acceptable)

2001 S. SURF ROAD # 7A

City

HOLLYWOOD

FL

Zip Code

33019

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

(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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
IAMARINO, ARTHUR
2001 S. SURF ROAD # 7A
HOLLYWOOD, FL 33019

TITLE
NAME
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)