2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90137 045 ***150.00

DOCUMENT # L77098

1. Entity Name

ARBITARE DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
9555 KENDALL DRIVE STE 104 MIAMI FL 33176 US	8280 SW 103 ST. MIAMI FL 33156-2533 US

DO NOT WRITE IN THIS SPACE

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 65-0216219 ☐ 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
PLUNKETT, JACK, JR. 8280 SW 103 STREET MIAMI FL 33156	Name JACK PLUNKETT, JR. Street Address (P.O. Box Number is Not Acceptable) 6125 SW 133 ST. City PINECREST FL Zip Code 33156

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] PRESIDENT 1/31/00
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) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PLUNKETT, JACK, JR.		NAME		
STREET ADDRESS	8280 SW 103 ST		STREET ADDRESS	6125 SW 133 ST.	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	PINECREST, FL. 33156	
TITLE	S	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PLUNKETT, JACK, JR.		NAME		
STREET ADDRESS	8280 SW 103 ST		STREET ADDRESS	6125 SW 133 ST.	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	PINECREST, FL. 33156	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: SIGNATURE REQUIRED [signature] 1/31/00 (305) 275-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #