## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F97000000819 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN RESEARCH BUREAU, INC. 04-03-2000 90147 049 \*\*\*150.00 Principal Place of Business Mailing Address 2386 E. HERITAGE WAY 2386 E. HERITAGE WAY SALT LAKE CITY UT 84109 SALT LAKE CITY UT 84109-1808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 95-3994779 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>fiere</u> ALFIERÉ, JILL Street Address (P.O. Box Number is Not Acceptable) 2501 EAST COMMERCIAL BLVD **SUITE 213** FORT LAUDERDALE FL 33308 Zip Code 33308 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 <u> 3-21-00</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITI F SCHWARTZ, MARY E NAME STREET ADDRESS STREET ADDRESS 2386 E. HERITAGE WAY CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84109 ☐ Addition TITLE ☐ Delete TITLE ☐ Change SCHWARTZ, J. DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 2685 COQUINA CT CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84121 ☐ Delete TITLE Addition TITLE SCHWARTZ, STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 1906 E 3780 S CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84106 ☐ Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition Delete . . . TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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)(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

M. Schwartz 3/28/2000 801-484-8585

Daytime Phone

FILED