

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005244

**Entity Name:** ARCH PLAZA, INC.**Current Principal Place of Business:**12505 NE 16 AVENUE  
NORTH MIAMI, FL 33161**Current Mailing Address:**16855 NE 2ND AVE UNIT N400  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 65-1040917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWY, RONALD S.  
LOWY AND COOK, P.A.  
501 NE 1ST AVENUE SUITE 200  
MIAMI, FL 33132 US*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:** RONALD S. LOWY

06/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	LOWY, RONALD S.
Address	16855 NE 2ND AVE UNIT N400
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	ROZSANSKY, BEN
Address	16855 NE 2ND AVE UNIT N400
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREASURER
Name	WASSERMAN, MARTY
Address	16855 NE 2ND AVE UNIT N400
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	CEO
Name	BLOOM, ELAINE
Address	16855 NE 2ND AVE UNIT N400
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	VP
Name	GALBUT, DANIEL
Address	16855 NE 2ND AVE UNIT N400
City-State-Zip:	NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RONALD LOWY

CHAIRMAN

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date