

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90024 024 \*\*\*150.00

**DOCUMENT # 169372**

1. Entity Name  
**ARROW INVESTMENT CO INC**

Principal Place of Business  
**% MARTON R. GOUDISS. ESQ.**  
**PO BOX 546514**  
**MIAMI FL 33154-6514**  
**US**

Mailing Address  
**% MARTON R. GOUDISS. ESQ.**  
**PO BOX 546514**  
**MIAMI FL 33154-6514**  
**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

4. FEI Number **59-6057956**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOUDISS, MORTON R**  
**1111 LINCOLN ROAD**  
**SUITE 325**  
**MIAMI BEACH FL 33139**

Name **GOUDISS, MORTON R.**

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

**1090 Kane Concourse, Suite 202**

City **Bay Harbor Islands**

**FL**

Zip Code **33154**

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 *Morton R. Goudiss*

1/14/02

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, 2002 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **GOUDISS, MORTON R**  
CITY-ST-ZIP **1111 LINCOLN ROAD, SUITE 325**  
**MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **Goudiss, Morton R.**  
CITY-ST-ZIP **1090 Kane Concourse, Suite 202**  
**Bay Harbor Islands, FL 33154**

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **GOUDISS, ROBERT**  
CITY-ST-ZIP **1111 LINCOLN ROAD, SUITE 325**  
**MIAMI BCH FL**

TITLE ☐ Change ☐ Addition  
NAME **DST**  
STREET ADDRESS **Goudiss, Robert**  
CITY-ST-ZIP **1090 Kane Concourse, Suite 202**  
**Bay Harbor Islands, FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

*Morton R. Goudiss*

1/14/02

305-865-6736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MORTON R. GOUDISS**

Date

Daytime Phone #

CR2E034 (9/01)