2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90201 015 ***150.00

601536

DO NOT WRITE IN THIS SPACE

DOCUMENT # 507287

1. Entity Name
ARNOLD T. BLOSTEIN, P. A.

Principal Place of Business	Mailing Address
633 S ANDREWS AVE. 3RD FLOOR FT. LAUDERDALE FL 33301	633 S ANDREWS AVE. 3RD FLOOR FT. LAUDERDALE FL 33301-3158

2. Principal Place of Business		3. Mailing Address	
315 S.E. 7th St.		315 S.E. 7th St.	
Suite, Apt. #, etc.: FIRST FLOOR		Suite, Apt. #, etc.: FIRST FLOOR	
City & State: FT. LAUDERDALE, FL.		City & State: FT. LAUDERDALE, FL.	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

4. FEI Number 59-1682393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOSTEIN, ARNOLD T
633 S ANDREWS AVE. 3RD FLOOR
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: ARNOLD T. BLOSTEIN
Street Address (P.O. Box Number is Not Acceptable): 315 S.E. 7th St.
FIRST FLOOR
City: FT. LAUD., FL. FL Zip Code: 33301

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] ARNOLD T. BLOSTEIN DATE: 1/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLOSTEIN, ARNOLD T. 633 S. ANDREWS AVE 3 FL FT LAUDERDALE FL	☐ Delete	PD ARNOLD T. BLOSTEIN 315 S.E. 7th St. FIRST FLOOR FT. LAUDERDALE, FL. 33301	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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] ARNOLD T. BLOSTEIN 1/6/00 (954) 764-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #