2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

201 S BISCAYNE BLVD.

1100 MIAMI CENTER MIAMI FL 33131-4332

3. Mailing Address

DOCUMENT # 565338

1. Entity Name

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

201 S BISCAYNE BLVD. 1100 MIAMI CENTER

MIAMI FL 33131-4327

KENNY NACHWALTER SEYMOUR ARNOLD CRITCHLOW & SPEC

Suite, Apt. #, etc. City & State Zip Country			Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE			
						4.	4. FEI Number 59-1796096			Applied For Not Applicable
			Zip					\$8.75 Additional Fee Required		
	6. Name and Addr	ess of Current Re	jistered Agent	ļ		7.	Name and Address of Ne	w Registere	d Agent	
					Name				··· =	
NACHWALTER, MICHAEL ESQ 201 SO. BISCAYNE BLVD. MIAMI, FLORIDA EFL 33131					Street Address (P.O. Box Number is Not Acceptable)					
	,			-	City			F	Zip C	ode
The above	e named entity submits t	his statement for th	e purpose of changing its	reaistere	d office or regi	stered ac	gent, or both, in the State of	f Florida.		
	o named and y		- parpare at a transport		•		,			
SIGNATURE	Signature, typed or printed name	ne of registered agent and	ittle if applicable. (NOTE	: Registered	Agent signature rec	uired when r	einstating)	DAT	E	
,	oration is eligible to sati		FILE NOW!		•		10. Election Campaign	n Financing	\$5	5.00 May Be
Tax filing requirement and elects to do so. After MAY 1, 20							Trust Fund Contrib	ution.	☐ Åd	Ided to Fees
(See crite	eria on back)		Make Check Payab	le to De	partment of					
1.	(OFFICERS AND DIF	RECTORS	12.		AL	DDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	
TLÉ	VPD .		☐ Delete	TITLE					☐ Chang	ge 🔲 Addition
AME	ARNOLD, RICHARI) ALAN		. NAME						
TREET ADDRESS	201 SO. BISCAYN	e Blvd.		STREE	T ADDRESS					
ITY-ST-ZIP	MIAMI FL 33131			CITY-	ST-ZIP					
TLE	PD		☐ Delete	TITLE			<u></u> ,		☐ Chang	ge 🔲 Addition
AME	NACHWALTER, MI	CHAEL	_ *******	NAME						
TREET ADDRESS	l			STREE	T ADDRESS					
ITY-ST-ZIP	MIAMI FL 33131	_ 02.0.		CITY-	ST-ZIP					
	EVPD		☐ Delete	TITLE					Chang	ge 🔲 Addition
ITLE	CRITCHLOW, RICH	IADD LI	□ Delete	NAME						go
AME					T ADDRESS					
TREET ADDRESS	201 SO. BISCAYN	E DLVD.			ST-ZIP					
ITY-ST-ZIP	MIAMI FL 33131									ge 🔲 Addition
TILE			☐ Delete	TITLE					Chan	ge Moutton
AME	SPECTOR, BRIAN			NAME	1					
TREET ADDRESS	201 SO. BISCAYN	F RTAD:			T ADDRESS					
ITY-ST-ZIP	MIAMI FL 33131			CH1	ST-ZIP			-		
TLE			☐ Delete	TITLE					☐ Chang	ge
AME				NAME						
TREET ADDRESS	1				T ADDRESS					
ITY-ST-ZIP				CITY-	ST-ZIP					
ITLE			☐ Delete	TITLE					Chang	ge 🔲 Addition
AME				NAME						
TREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
3. I hereby indicated of the co-	certify that the informati d on this report or supple orporation or the receiver f, or on an attachment w	on supplied with the emental report is true or trustee empower ith a raddress, with	is filing does not qualify for ue and accurate and that need to execute this report all other like empowered.	r the exer ny signat as requir	mption stated in ure shall have ed by Chapter	n Section the same 607, Flor	119.07(3)(i), Florida Statu legal effect as if made un ida Statutes; and that my	tes. I further der oath; tha name appea	certify that that that I am an offi irs in Block 1	ne information icer or director 1 or Block 12 if

FILED

Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90066 035 ***150.00