

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565338

1. Entity Name

KENNY NACHWALTER SEYMOUR ARNOLD CRITCHLOW & SPECTOR, P.A.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90017 046 ***150.00

Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD.
1100 MIAMI CENTER
MIAMI FL 33131-4327
US

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1100 MIAMI CENTER
MIAMI FL 33131-4327
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1796096

Applied For

Not Applicable

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

NACHWALTER, MICHAEL ESQ
201 SO. BISCAYNE BLVD.
MIAMI FL 33131

Name

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

City

FL

Zip Code

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, 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, 2001 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 VPD
NAME ARNOLD, RICHARD ALAN
STREET ADDRESS 201 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE PD
NAME NACHWALTER, MICHAEL
STREET ADDRESS 201 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE EVPD
NAME CRITCHLOW, RICHARD H
STREET ADDRESS 201 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE STD
NAME SPECTOR, BRIAN F
STREET ADDRESS 201 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Secretary

Treasurer

1/11/01

Date

305-373-1000

Daytime Phone #

CR2E034 (10/00)