

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90363 049 ***150.00

DOCUMENT # 565338



1. Entity Name
KENNY NACHWALTER SEYMOUR ARNOLD CRITCHLOW & SPECTOR, P.A.

Principal Place of Business
**201 S BISCAYNE BLVD.
1100 MIAMI CENTER
MIAMI FL 33131-4327
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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
**NACHWALTER, MICHAEL ESQ
201 SO. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	ARNOLD, RICHARD ALAN	201 SO. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>
PD	NACHWALTER, MICHAEL	201 SO. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>
EVPD	CRITCHLOW, RICHARD H.	201 SO. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>
STD	SPECTOR, BRIAN F	201 SO. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>
D	BLECHMAN, WILLIAM J	201 S BISCAYNE BLVD #1100	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)