2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 636684** 1. Entity Name ARTHUR IAMARINO DEVELOPMENT CORP. Mailing Address Principal Place of Business

FILED Jan 20, 2000 8:00 am Secretary of State 01-20-2000 90171 018 ***150.00

20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		C/O GARY A. KORN 20803 BISCAYNE BLVD STE 200 AVENTURA FL 33180-1429 US 3. Mailing Address Suite, Apt. #, etc. City & State					IAN OIAN EI E n	
				1.				
					DO NOT WRITE IN THIS SPACE			
				4. FEI Number 59-2225052			Applied For Not Applicable	
Zip	Country	Zip	Country	5. 0	Pertificate of Status Desired		8.75 Addi	
	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Regi	stered Ag	ent	
KORN, GARY A. 20803 BISCAYNE BLVD SUITE 200			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
	E 200 NTURA FL 33180		City	-		FL	Zip Code	;
CICNATURE	named entity submits this statement for Signature, typed or printed name of registered agent as		egistered office or regist			a. DATE		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		tate	10. Election Campaign Finan Trust Fund Contribution.		Ådded	May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE			3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT IAMARINO, ARTHUR 2001 SOUTH SURF ROAD, #7B HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORN, GARY A. 20803 BISCAYNE BLVD, STE 200 AVENTURA FL 33180	⊠ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
13. I hereby	certify that the information supplied with ton this report or supplemental report is reportation or the receiver or trustee empore	this filing does not qualify for	r the exemption stated in	Section ne same 807, Flor	119.07(3)(i), Florida Statutes. If legal effect as if made under oa ida Statutes; and that my name s	urther cert th; that I a appears in	fy that the i n an officer Block 11 o	nformation or director or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: