2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636684

1. Entity Name

ARTHUR IAMARINO DEVELOPMENT CORP.

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FILED Secretary of State

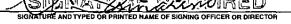
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Principal Place of Business 2001 SOUTH SURF ROAD 7A HOLLYWOOD FL 33019 US 2. Principal Place of Business			Mailing Address 2001 SOUTH SURF ROAD 7A HOLLYWOOD FL 33019 US 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & State	e		City & State			4. FEII	Number 59-2225052		-	plied For t Applicable	
Zip Country			Zip Country				5. Certificate of Status Desired \$8.75 Addit Fee Required				
	6. Name and	Address of Current	Registere	d Agent			7. Nam	e and Address of New R	legistered A	gent	
IAMARINO, ARTHUR 2001 SIUTH SIRF ROAD					Name Street Address (P.O. Box Number is Not Acceptable)						
7A HOLLYWOOD FL 33019					(City FL Zip Code					э
the obligati	named entity sub ons of registered		or the purp	ose of changing its	registered o	office or registe	ered agent,	or both, in the State of Flo		amiliar with, a	and accept
SIGNATURE _	Signature, typed or prin	ted name of registered agent	and title if app	licable. (NOTE	E: Registered Ag	ent signature require	ed when reinstat	ting)	DATE		
After Make Check	May 1, 2003 F	EE IS \$150.00 ee will be \$550.00 rida Department o						Election Campaign Fir Trust Fund Contributio	n. 🗆	Added	O May Be to Fees
10.		OFFICERS AND	DIRECTO		11.	1-	ADDIT	IONS/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS	P IAMARINO, AR 2001 SOUTH HOLLYWOOD	SURF ROAD, #7B		☐ Delete	TITLE NAME STREET A CITY-ST-	I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREET A		_			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AI CITY-ST-				- · · ·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET AI CITY-ST-	1 :	A-	i		☐ Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP				□ Celete	TITLE NAME STREET AL CITY-ST-					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AI CITY-ST-					☐ Change	☐ Addition

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 all other like empowered.

SIGNATURE:



Date

Daytime Phone #