

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001887

1. Entity Name  
ARC-ORLANDO/GP, INC.



Principal Place of Business  
1401 BROAD STREET  
CLIFTON, NJ 07013 US

Mailing Address  
1401 BROAD STREET  
CLIFTON, NJ 07013 US



05042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3054123

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

EICHLER, LAWRENCE ESQ.  
SOUTHEAST FINANCIAL CENTER  
STE. 3650  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**\$ 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	AMBROSI, ROBERT J
STREET ADDRESS	341 BROAD STREET
CITY-ST-ZIP	CLIFTON, NJ 07013
TITLE	D
NAME	PEREL, MARC
STREET ADDRESS	341 BROAD STREET
CITY-ST-ZIP	CLIFTON, NJ 07013
TITLE	S
NAME	LOMICKY, CLAUDIA
STREET ADDRESS	341 BROAD STREET
CITY-ST-ZIP	CLIFTON, NJ 07013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000011364737  
05/09/05-80006-026 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert J Ambrosi**

**5/3/05**

Date

**973 249 1000**

Daytime Phone #