

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000002312**

1. Entity Name

ARC-TM, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Address

200 S. Andrews Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

City & State

Ft. Lauderdale, FL

Zip

33301

Country

4. FEI Number

050747699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

3332

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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.

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. ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Lawrence Ramaekers
200 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Wayne Moor
200 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
Howard D. Schwartz
200 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Mary Wood
200 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TV
Leland F. Wilson
200 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz, Secretary 954-320

Date:

Daytime Phone #

4/15/02

954-320

FILED

02 AUG 19 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK 0100001551

DO NOT WRITE IN THIS SPACE



August 13, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

Dear Sir or Madam:

Enclosed is a copy of the uniform business report for ARC-TM, Inc., which has been previously submitted to your office. Please note that I have previously re-submitted the same due to the correction requested by your office, however your office claims to have not received the correction document. This letter is a request for all penalty fees to be waived.

Please do not hesitate to call me should you have any questions. Thank you.

Sincerely yours,

Iris Bakar
Corporate Paralegal