

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000004299**

1. Entity Name

**NATIONAL ASSOCIATION OF RESIDENTS AND INTERNS, I****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90006 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**350 FAIRWAY DR STE 200  
DEERFIELD BEACH FL 33441****350 FAIRWAY DR STE 200  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**13-2510078**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBOWITZ, STUART  
350 FAIRWAY DR STE 200  
DEERFIELD BEACH FL 33441**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARDEN, PATRICIA	
STREET ADDRESS	350 FAIRWAY DR STE 200	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	LIEBOWITZ, STUART	
STREET ADDRESS	350 FAIRWAY DR STE 200	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	

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

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

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

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 617, 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:

**Stuart Liebowitz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/5/01 (954) 571-1877**

CR2E037 (10/00)