

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63774

1. Entity Name
ARNONE BUILDING AND DESIGN, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90073 026 ***150.00

Principal Place of Business Mailing Address
7667 W. SAMPLE RD. 7667 W. SAMPLE RD.
STE. 224 STE. 224
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4718
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2318203 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD
STE #219
ROYAL PALM BCH FL 33411

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P <input type="checkbox"/> Delete
NAME	ARNONE, GREGORY L
STREET ADDRESS	7667 W SAMPLE ROAD STE 224
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	V <input type="checkbox"/> Delete
NAME	ARNONE, PAMELA
STREET ADDRESS	7667 W SAMPLE ROAD STE 224
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	S <input type="checkbox"/> Delete
NAME	KRAVITZ, BRUCE I
STREET ADDRESS	11440 OKEECHOBEE BLVD STE 219
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **G.L. ARNONE, Pres** Date: **1/26/00** Daytime Phone #: **954-227-3003**

CR2E034 (9/99)