

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90736 001 \*\*\*370.00

DOCUMENT # **J 63774**

1. Entity Name

**Arnone Building & Design, Inc.**  
**7667 W. Sample Road #224**  
**Coral Springs, FL 33065**

Principal Place of Business

**(954) 227-3003**  
**(Fax) 227-3005**

**SAME**

**SAME**

**4609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

**Bruce I. Kravitz**  
**11440 Okeechobee Blvd, Ste 219**  
**Royal Palm Beach FL 33411**

Name

**Gregory L. Arnone**

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

**7667 W. Sample Rd**

**Ste 224**

City

**Coral Springs**

FL

Zip Code

**33065-4718**

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]*

**Gregory L. Arnone pres**

**4/18/01**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**Gregory L. Arnone**  
 STREET ADDRESS **7667 W. Sample Rd, Ste 224**  
 CITY-ST-ZIP **Coral Springs FL 33065**  
**President**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**Pamela Arnone**  
 STREET ADDRESS **7667 W. Sample Rd, Ste 224**  
 CITY-ST-ZIP **Coral Springs FL 33065**  
**Vice President**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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**

**4/18/01**

**954-385-2885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)