

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38523

1. Entity Name

ARLENE C. RICHMAN, P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90185 011 ***150.00

Principal Place of Business

1720 HARRISON ST.
SUITE 8-D
HOLLYWOOD FL 33020
US

Mailing Address

3731 N. Country Club Drive
~~3300 N.E. 191ST STREET~~
APT. 1414 1525
AVENTURA FL 33180-1744
US

2. Principal Place of Business

3. Mailing Address

3731 N. Country Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 1525

City & State

City & State
Aventura FL

4. FEI Number

65-0085399

Applied For

Not Applicable

Zip

Country

Zip

Country

33180

FL U.S.A.

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

RICHMAN, ARLENE C.
1720 HARRISON ST
STE 8-D
HOLLYWOOD FL 33020

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DPS	RICHMAN, ARLENE C.	3300 N.E. 191ST STREET #1414	AVENTURA FL 33180	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPT	RICHMAN, ARLENE C.	3300 N.E. 191ST STREET	AVENTURA FL 33180	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlene C. Richman, President.

Date

Daytime Phone #

March 30, 2000

954
927-5337

CR2E034 (9/99)