2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77098



FILED Mar 03, 2003 8:00 am Secretary of State

ARBITARE DEVELOPMENT COMPANY				03-03-2003 90415 026 ***150.00	
9555 KENDA _STE_104		Mailing Address 9555 KENDALL DRIVE STE 104	,		
MIAMI FL 33	176	MIAMI-FL 33176	سسستان والمتحضي		
US 2. Principal Place of Business		US			
2. Throipar Face of Business		3. Mailing Address		1 maturis of pearl (051) 0210 1010 1011 0101 1015	4 01011 01011 01011 01011 11011 1001
Suite, Apt., #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES
City & State		City & State		4. FEI Number 65-0216219	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Ac	
DITIMUE	PLUNKETT, JACK, JR.				
			Street Addre	ess (P.O. Box Number is Not Acceptable)	
6125 SW		•		(Sex Hamos is Not Acceptable)	
PINECHE	ST FL 33156				-
			City	FL	Zip Code
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or regi	istered agent, or both, in the State of Florida. I am far	1 '
SIGNATURE	************				·
	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Agent signature rec	quired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS ANI		11.	ASSULICIONAL	
TITLE	DPTS	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	
NAME STREET ADDRESS CITY-ST-ZIP	PLUNKETT, JACK, JR. 6125 SW 133 ST PINECREST FL 33156	Duinte	NAME STREET ADDRESS CITY-ST-ZIP	L	Change Addition
TITLE	<i>:</i> ·	☐ Delete	TITLE		Change Addition
NAME			NAME		, change Addition
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME) ordings
CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
NAME		☐ Delete	TITLE NAME		Change
STREET ADDRESS			STREET ADDRESS		i
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STORET ADDRESS			NAME		
STREET ADDRESS City-St-Zip			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
NAME		☐ Delete	TITLE		Change
STREET ADDRESS			NAME STREET ADDRESS		İ
CITY-ST-ZIP			CITY-ST-ZIP		
of the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee emp or on an attachment withan acticess.	owered to execute this report	or the exemption stated in tomy signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify t e same legal effect as if made under oath; that I am a 07, Florida Statutes; and that my name appears in Blo	hat the information n officer or director ick 10 or Block 11 if

SIGNATURE:

Daytime Phone #