

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90010 021 \*\*\*150.00

**DOCUMENT # M61315**

1. Entity Name  
**THE HARRISON ARCADE CORPORATION**

*LA*

Principal Place of Business      Mailing Address  
**1909 HARRISON STREET**      **1909 HARRISON STREET**  
**HOLLYWOOD FL 33020**      **HOLLYWOOD FL 33020**

8  
**60071300**



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 **65-0010632**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDMAN, MICHAEL DEAN**  
**801 BRICKELL AVENUE**  
**SUITE 1401**  
**MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MOSHER, MICHAEL M.</b>
STREET ADDRESS	<b>1909 HARRISON STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MOSHER, PHYLLIS MARLENE</b>
STREET ADDRESS	<b>1909 HARRISON STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
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	
CITY-ST-ZIP	
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	
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, or was at the time 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 full power, will or authority empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

Attachment Doc # M6.1315

C0071380

9169

HARRISON ARCADE CORPORATION

PH. 954-920-5030  
1909 HARRISON STREET, SUITE 201  
HOLLYWOOD, FL 33020

REPUBLIC SECURITY BANK  
AVENTURA, FLORIDA 33180  
63-9061-2670

PAY TO THE  
ORDER OF

Department of State

\$ 150 <sup>00</sup>/<sub>100</sub>

DOLLARS

081064/3-90

MEMO

Uniform Bus. report

Phyllis Madlene Morker

⑆00009169⑆ ⑆267090617⑆

5000515706⑆

Security features included. Details on back.