

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-03-2000 90001 043 ***150.00

DOCUMENT # M99831

1. Entity Name

ROBERT A. ARABIAN, P.A.

R

Principal Place of Business

Mailing Address

P.O. BOX 25156
 TAMARAC FL 33320
 US

P.O. BOX 25156
 TAMARAC FL 33320-5156
 US

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

65-0078038

Applied For

Not Applicable

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

HOCHBERG & DIRIENZO, P.A.
1975 E. SUNRISE BLVD
519
FT. LAUDERDALE FL 33304

Name

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

SUITE 519

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ARABIAN, ROBERT A. P.O. BOX 25156 N/A TAMARAC FL 33320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP ARABIAN, ROBERT A. P.O. BOX 25156 N/A TAMARAC FL 33320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert Arabian* **ROBERT A. ARABIAN** 5/1/00 (954)721-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

192

attachment # M99831

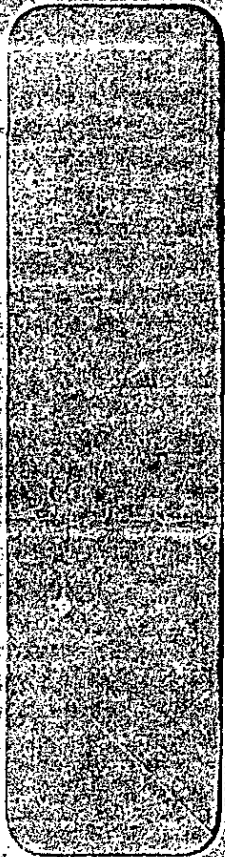
A0070882



3320-3136



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



272 attachment # M99831
A0070882

LAW OFFICES

ROBERT A. ARABIAN, P.A.

P.O. Box 25156
TAMARAC, FLORIDA 33320

TEL: (954) 721-2800
FAX: (954) 721-8338

July 22, 2000

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Robert A. Arabian, P.A.
Reference No. M99831

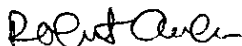
Dear Sir/Madam:

Enclosed please find a check in the amount of \$150.00 for the annual report filing fee.

We received the enclosed letter from you dated June 7, 2000 which stated that this fee was due within 30 days of the date thereof. Please note that the letter, although dated June 7, 2000, was not postmarked until June 22, 2000. A copy of the envelope is also enclosed.

We were advised by a representative of the Annual Reports Section that we would have 30 days from the latter date to submit the fee without incurring a late charge.

Sincerely,



Robert A. Arabian
For the Firm

Encs.