

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073869

1. Entity Name

Spinners Arcade, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6890 Stirling Road

3. Mailing Address  
2800 Weston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 201

City & State  
Davie, FL

City & State  
Weston, FL

4. FEI Number  
651068254

Applied For  
Not Applicable

Zip  
33024

Country  
USA

Zip  
33331

Country  
USA

5. Certificate of Status Desired

Additional  
Fee Required  
\$8.75

7. Name and Address of Current Registered Agent

Name  
Andrew L. Siegel

Street Address (P.O. Box Number is Not Acceptable)  
2800 Weston Road

Suite 201

City  
Weston

FL Zip Code  
33331

**DO NOT WRITE  
IN THIS SPACE**

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.

Andrew L. Siegel

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Christopher Cataldo  
6890 STIRLING RD.  
DAVIE, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500006448515-9  
-07/16/02--01052--004  
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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)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER CATALDO

Date

Signature Printed #

7-3-02 954-322-7500

CR2E034B (12/01)

7/15/02