

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 033 ***150.00

DOCUMENT # P00000104641

1. Entity Name

ARB ACQUISITION, INC.

Principal Place of Business

647 E. DANIA BEACH BLVD.
 DANIA BEACH FL 33004

Mailing Address

647 E. DANIA BEACH BLVD.
 DANIA BEACH FL 33004

2. Principal Place of Business

% Atlantia Holdings
 910 S.E. 17th St., Suite 300
 Ft. Lauderdale, FL 33316

3. Mailing Address

% Atlantia Holdings
 910 S.E. 17th St., Suite 300
 Ft. Lauderdale, FL 33316

004010



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1052660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAMIANAKIS, ANTHON E. ESQ.
 647 E. DANIA BEACH BLVD.
 DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

J. Wagner
 % Atlantia Holdings
 910 SE 17th St., Suite 300
 Ft. Lauderdale, FL 33316

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME Bailey, William A.
 STREET ADDRESS % Atlantia Holdings
 CITY-ST-ZIP 910 SE 17th St., # 300
 Ft. Lauderdale, FL 33316

TITLE S ☐ Delete
 NAME Farrell, James B.
 STREET ADDRESS % Atlantia Holdings
 CITY-ST-ZIP 910 SE 17th St., #300
 Ft. Lauderdale, FL 33316

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

4/30/01

Date

Daytime Phone #