

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080224

1. Entity Name

ARNOLD ROCKFORD, ESQUIRE, P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90113 019 ***150.00

Principal Place of Business

300 SEVILLA AVE
 STE 216
 CORAL GABLES FL 33134
 US

Mailing Address

300 SEVILLA AVE
 SUITE 216
 CORAL GABLES FL 33134
 US

Changed

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFI Number 59-3211440

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROCKFORD, ARNOLD ESQ.
 300 SEVILLA AVE
 STE 216
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

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's 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROCKFORD, ARNOLD**
 CITY-STATE-ZIP **300 SEVILLA AVE, STE 216**
CORAL GABLES FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6175 NW 153rd St. Ste 120**
 CITY-STATE-ZIP **Miami Lakes, FL 33014-2435**

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

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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

Date

Date of Filing

CR2E034 (10/00)