

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022801

1. Entity Name

ARCH CREEK, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90004 003 ***150.00

Principal Place of Business

13050 NE 16TH AVENUE
NORTH MIAMI FL 33161
US

Mailing Address

13050 NE 16TH AVENUE
NORTH MIAMI FL 33161-5218
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

65-0506959

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

WEISBERG, S A
13050 NE 16TH AVE
N MIAMI FL 33161

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEISBERG, SANFORD A	
STREET ADDRESS	13050 NE 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISBERG, CLAIRE	
STREET ADDRESS	13105 BIS ISL TERR	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELDMAN, SHARON	
STREET ADDRESS	56 BALBAY DRIVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 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

S. A. WEISBERG

Pres.

1/10/00

Date

Daytime Phone #

305-891-1040

CR2E034 (9/99)