

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90073 031 ***150.00

0184157 AV

DOCUMENT # P94000069552

1. Entity Name

ARTHUR REALTY OF PALM-AIRE, INC.

Principal Place of Business
2700 W ATLANTIC BLVD
200
POMPANO BCH FL 33069
US

Mailing Address
2700 W ATLANTIC BLVD
200
POMPANO BCH FL 33069
US

510919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0514592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALKER, ARTHUR M
5292 BOCA MARINA CIRCLE
BOCA RATON FL 33487

Name
WALKER, ARTHUR M
 Street Address (P.O. Box Number is Not Acceptable)
2700 W ATLANTIC BLVD
200
 City
POMPANO BCH FL Zip Code
33069

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, 2002 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 **DP** ☐ Delete
 NAME **WALKER, ARTHUR M**
 STREET ADDRESS **5292 BOCA MARINA CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **DP** ☒ Change ☐ Addition
 NAME **WALKER, ARTHUR M.**
 STREET ADDRESS **2700 W ATLANTIC BLVD # 200**
 CITY-ST-ZIP **POMPANO BCH, FL 33069**

TITLE **DVP** ☐ Delete
 NAME **WALKER, MARK A**
 STREET ADDRESS **12685 HICKORY RD**
 CITY-ST-ZIP **N MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/01)