

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90112 016 ***150.00

DOCUMENT # P94000070634

1. Entity Name

WM. ARTHUR AND ASSOCIATES, INC.

Principal Place of Business

~~800 DOUGLAS RD
 STE 303
 CORAL GABLES FL 33134
 US~~

**11300 N.W. 41st St
 MIAMI FL
 33178**

Mailing Address

~~800 DOUGLAS RD
 STE 303
 CORAL GABLES FL 33134-3180
 US~~

**11300 N.W. 41st
 Street
 Miami, FL
 33178**

2. Principal Place of Business

WM. ARTHUR & ASSOCIATES INC. WM. ARTHUR & ASSOCIATES INC

Suite, Apt. #, etc.

11300 N.W. 41st St.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Address

WM. ARTHUR & ASSOCIATES INC. WM. ARTHUR & ASSOCIATES INC

Suite, Apt. #, etc.

11300 N.W. 41st St.

City & State

MIAMI, FL

Zip

33178

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527301

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARTHUR, BRUCE A
 800 DOUGLAS RD
 SUITE 303
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARTHUR, WM. F	
STREET ADDRESS	430 ALMERIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARTHUR, ALISON M	
STREET ADDRESS	430 ALMERIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTHUR, WILLIAM H	
STREET ADDRESS	800 DOUGLAS RD, #303	
CITY-ST-ZIP	CORAL GABLES FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ARTHUR, WM. F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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.

305-669-5609

SIGNATURE:

Alison M. Arthur
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24th 2000

Date

Daytime Phone #

CR2E034 (9/99)