

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070634

1. Entity Name

WM. ARTHUR AND ASSOCIATES, INC.

Principal Place of Business

11300 NW 41ST ST
MIAMI FL 33178
US

Mailing Address

11300 NW 41ST ST
MIAMI FL 33178
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 65-0527301

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

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

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, 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	<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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, WM. F.	
STREET ADDRESS	927 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES, FL, 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, ALISON M.	
STREET ADDRESS	927 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES, FL, 33146	
TITLE		<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
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:

WM F ARTHUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WM. F. ARTHUR/PRES. 2 APRIL 01

Date

Daytime Phone #

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90081 020 ***150.00

939481



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)