

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027542

1. Entity Name
ARBIN CORPORATION

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90012 024 ***150.00

Principal Place of Business

1211 NW 10TH STREET
OCALA FL 34475
US

Mailing Address

1211 N.W. 10TH STREET
OCALA FL 34475-5436

2. Principal Place of Business

1211 NW 10th St

3. Mailing Address

1211 NW 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

City & State

OCALA FLORIDA

Zip

34475

Country

U.S.A.

Zip

34475

Country

U.S.A.

4. FEI Number

59-3307397

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

PATEL, AMIT M
1211 N.W. 10TH STREET
OCALA FL 34475

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	PATROL	<input type="checkbox"/> Delete
NAME	PATEL, ARVIND S	
STREET ADDRESS	100 PROSPECT STREET	
CITY-ST-ZIP	PASSAIC NJ 07055	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATEL, SUDHA A	
STREET ADDRESS	100 PROSPECT ST.	
CITY-ST-ZIP	PASSAIC, NJ 07475	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, AMIT M	
STREET ADDRESS	1211 N.W. 10TH STREET	
CITY-ST-ZIP	OCALA FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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

Date

Daytime Phone #

CR2E034 (9/99)