

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058434

1. Entity Name

ARCWERKS DESIGN, INC.

**FILED**  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90371 024 \*\*\*150.00

Principal Place of Business

4200 AURORA STREET  
SUITE N  
CORAL GABLES FL 33146  
US

Mailing Address

4200 AURORA STREET  
SUITE N  
CORAL GABLES FL 33134-6117  
US

2. Principal Place of Business

36 SEVILLA AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

36 SEVILLA AVENUE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0677949

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

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

Name

Street Address (P.O. Box Number is Not Applicable)

36 SEVILLA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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]*

MARK DONOVAN, PRESIDENT

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          | PD                          | <input type="checkbox"/> Delete |
| NAME           | DONOVAN, MARK C             |                                 |
| STREET ADDRESS | 4200 AURORA STREET, SUITE N |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146       |                                 |
| TITLE          | VD                          | <input type="checkbox"/> Delete |
| NAME           | CONDE, RAUL JOSE            |                                 |
| STREET ADDRESS | 4200 AURORA STREET, SUITE N |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146       |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 36 SEVILLA AVENUE      |  |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134 |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 36 SEVILLA AVENUE      |  |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134 |  |
| 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:

*[Signature]* MARK DONOVAN  
PRESIDENT

Date

1/27/00 (305) 461-3220

Daytime Phone #

CR2E034 (9/99)