

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046683

1. Entity Name

ARENA OPERATING COMPANY, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90130 034 ***150.00

Principal Place of Business

Mailing Address

450 E. LAS OLAS BLVD
1400
FT. LAUDERDALE FL 33301
US

450 E. LAS OLAS BLVD
1400
FT. LAUDERDALE FL 33301-4206
US

2. Principal Place of Business

501 E. Camino Real
Suite, Apt. #, etc.

Corporate Office

City & State
Boca Raton, FL

Zip
33432

Country

3. Mailing Address

P. O. Box 5025

Suite, Apt. #, etc.

Corporate Office

City & State
Boca Raton, FL 33431

Zip
33431

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE.
27TH FLOOR
MIAMI FL 33131

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	D	<input type="checkbox"/> Delete
NAME	ROCHON, RICHARD	
STREET ADDRESS	450 E. LAS OLAS BLVD., 1500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUXO, ALEX	
STREET ADDRESS	450 E. LAS OLAS BLVD., 1500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	450 LAS OLAS BLVD 1400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAURIA, STEVEN	
STREET ADDRESS	450 E LAS OLAS BLVD 1400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD. L	
STREET ADDRESS	450 E LAS OLAS BLVD 1500	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	
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

Steven M. Dauria

Date

4-28-00

Daytime Phone #

561-447-5300

CR2E034 (9/99)