

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093056

1. Entity Name

ARBITRATION RESOURCES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 031 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7766 OLYMPIA DR WEST PALM BEACH FL 33411	Mailing Address 7766 OLYMPIA DR WEST PALM BEACH FL 33411-5782
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2. Principal Place of Business 1979 BRANDYWINE RD Suite, Apt. #, etc. 108 City & State W. PALM BEACH, FL Zip 33409	3. Mailing Address PMB 29D Suite, Apt. #, etc. 931 VILLAGE BLVD # 905 City & State WEST PALM BEACH, FL Zip 33409
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4. FEI Number 65-0719761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LURIE, MARK I 7766 OLYMPIA DR WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent Name MARK I. LURIE Street Address (P.O. Box Number is Not Acceptable) APT 108 1979 BRANDYWINE RD City W. PALM BEACH FL Zip Code 33409

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 <u>MARK I. LURIE</u> DATE <u>4/25/00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LURIE, MARK I 3115 EMBASSY DR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition APT 108 , 1979 BRANDYWINE RD W. PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LURIE, KAROL JANE 3115 EMBASSY DR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition APT 108, 1979 BRANDYWINE RD W. PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARK I. LURIE DATE 4/25/00 (561) 689-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)