

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008142

1. Entity Name

LAW OFFICES OF ARNIE S. MUSKAT, P.A.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90020 004 \*\*\*150.00

Principal Place of Business

Mailing Address

88 NE 168 ST  
~~SUITE 305~~ (no suite)  
NORTH MIAMI BEACH FL 33162  
US

88 NE 168 ST  
SUITE 305 NO SUITE  
NORTH MIAMI BEACH FL 33162-3410  
US

2. Principal Place of Business

3. Mailing Address

88 NE 168 STREET

88 NE 168 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI BEACH, FLORIDA

NORTH MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33162

USA

33162

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT B  
20803 BISCAYNE BOULEVARD  
SUITE 200AVENTURA  
NORTH MIAMI BEACH FL 33180

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
MUSKAT, ARNIE S  
88 NE 168 ST  
NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED ARNIE MUSKAT  
P.A.S. 10/1/00

1/3/2000

(305) 653-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #