

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90146 046 ***150.00

0330272 AV

DOCUMENT # P98000028939

1. Entity Name

ARLINGTON PARTNERS, INC.

Principal Place of Business

**1204 N. UNIVERSITY DRIVE
 % PHYTRUST, LTD.
 PLANTATION FL 33322**

Mailing Address

**1204 N. UNIVERSITY DRIVE
 % PHYTRUST, LTD.
 PLANTATION FL 33322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13680 NW 5th Street

3. Mailing Address

13680 NW 5th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0824241

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATKOW, NEIL A
 1204 N. UNIVERSITY DRIVE
 % PHYTRUST, LTD.
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

13680 NW 5th Street

Suite 100

City

Sunrise

FL

Zip Code

33325

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, 2002 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 NAME ☐ Delete

**DPC
 NATKOW, NEIL A
 1204 N UNIVERSITY DR
 PLANTATION FL 33322**

TITLE NAME ☐ Delete

**DVST
 COLLINS, KEITH
 1204 N UNIVERSITY DR
 PLANTATION FL 33322**

TITLE NAME ☒ Delete

**COO
 BERMAN, NEIL
 1204 N UNIVERSITY DR
 PLANTATION FL 33322**

TITLE NAME ☐ Delete

**V
 BUTLER, KATHY
 1204 N UNIVERSITY DRIVE
 PLANTATION FL 33322**

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

4/4/02 (954) 475-0707

Date Daytime Phone #

CR2E034 (9/01)