

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071657

1. Entity Name

ARA DEVELOPMENT CORPORATION

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90037 016 \*\*\*158.75

Principal Place of Business 3200 N MILITARY TR STE 200 BOCA RATON FL 33431	Mailing Address 3200 N MILITARY TR STE 200 BOCA RATON FL 33431
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2. Principal Place of Business 3900 NE 30th AVE Suite, Apt. #, etc.	3. Mailing Address 3900 NE 30th AVE Suite, Apt. #, etc.
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City & State LIGHTHOUSE POINT, FL	City & State LIGHTHOUSE POINT, FL
Zip 33064	Zip 33064
Country US	Country US

4. FEI Number 65-0858045	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCRENCI, STEPHEN W 3200 N MILITARY TR STE 200 BOCA RATON FL 33431
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7. Name and Address of New Registered Agent Name PHILLIP ANTHONY Street Address (P.O. Box Number is Not Acceptable) 3900 N.E. 30th AVE City LIGHTHOUSE POINT FL Zip Code 33064
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE 4/20/01
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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 checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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	DSVP ANTHONY, PHILLIP 3711 NE 31ST AVENUE LIGHTHOUSE POINT FL 33064 <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	TSD ANTHONY, SYBIL 3711 NE 31ST AVENUE LIGHTHOUSE POINT FL 33064 <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	P ANTHONY, NEIL 3711 NE 31ST AVENUE LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY, NEIL 1024 F, GREEN PINE BLVD. WEST PALM BCH, FL <input checked="" 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: SYBIL ANTHONY TSD	7/20/01	954.946-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/00)