

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000078109

1. Entity Name

**THE FLORIDA CONSTRUCTION ARBITRATION CENTER,
INC.**



Principal Place of Business

**150 SOUTH PINE ISLAND ROAD, SUITE 400
FORT LAUDERDALE, FL 33324**

Mailing Address

**150 SOUTH PINE ISLAND ROAD, SUITE 400
FORT LAUDERDALE, FL 33324**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0901438

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRANDT, ALAN (PETER) C
150 SOUTH PINE ISLAND ROAD, SUITE 400
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000216664
02/05/05-80058-001 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME FERENCIK, ROBERT E JR
STREET ADDRESS 150 SOUTH PINE ISLAND ROAD #400
CITY - ST - ZIP FORT LAUDERDALE, FL 33324

TITLE DVT
NAME LIBANOFF, IRA L
STREET ADDRESS 150 SOUTH PINE ISLAND ROAD #400
CITY - ST - ZIP FORT LAUDERDALE, FL 33324

TITLE DVS
NAME BRANDT, ALAN C
STREET ADDRESS 150 SOUTH PINE ISLAND ROAD #400
CITY - ST - ZIP FORT LAUDERDALE, FL 33324

TITLE
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

**Robert E. Ferencik, Jr.
President**

2/01/05

Date

Daytime Phone # _____