## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## P98000078109 **DOCUMENT #**

1. Entity Name

Principal Place of Business

THE FLORIDA CONSTRUCTION ARBITRATION CENTER, INC



**FILED** Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90034 038 \*\*\*150.00

	ne island road. Suite 4 Dale FL 33324		FORT LAUDERDALE FL 33324								
Principal Pla	ace of Business	3. Maili	3. Mailing Address					4000  7070  00110 0	<b>1</b> 111 <b>11</b> 131 <b>10</b> 111		
Suite, Apt. #	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	•	City &	City & State			<b>4.</b> F	FEI Number 65-0901438 Applied F				plied For t Applicable
Zip	Zip Country		Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Re			egistered Agent				7. Name and Address of New Registered Agent				
o. Hallo die Autoria					Name						
	ALAN (PETER) C	CHITE 400		Street Address (P.O. Box Number is Not Acceptable)							
	TH PINE ISLAND ROAD,	SUITE 400			1,		,				.,
FORT LAU	JDERDALE FL 33324		City					FL	Zip Code	e	
the obligati	named entity submits this sons of registered agent.							the State of F	lorida. I am	familiar with,	and accept
	Signature, typed or printed name of r	egistered agent and title if appl	licable. (NOTE	: Registered	d Agent signature requ	rited when ter	instating)				
After	LE NOW!!! FEE IS \$1 May 1, 2003 Fee will be Payable to Florida Dep	e \$550.00					-	on Campaign F fund Contributi	-		<b>0</b> May Be I to Fees
0.		ICERS AND DIRECTO	 RS	11.		AD	DITIONS/CH	ANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11
ITLE IAME TREET ADDRESS	DP FERENCIK, ROBERT E 150 SOUTH PINE ISLA FORT LAUDERDALE F	E JR AND ROAD #400	☐ Delete							☐ Change	Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP	DVT LIBANOFF, IRA L 150 SOUTH PINE ISLA FORT LAUDERDALE F	AND ROAD #400	☐ Delete							☐ Change	☐ Addition
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	DVS BRANDT, ALAN C 150 SOUTH PINE ISL FORT LAUDERDALE F	AND ROAD #400	☐ Delete		1					☐ Chānge	☐ Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM STODENSHEE	2 0002.	Delete			-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	Addition
VII I - OI - EIF	<u> </u>			_		-					

12. I hereby certify that the information supplied with this filling 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 of 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 truetee 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 attach transfer an address with all other like empowered. Robert E. Ferencik, Jr.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2003

954-474-8080