

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90043 016 \*\*\*150.00

**DOCUMENT # S75939**

i. Entity Name

**PIERRE ARNOLD TENNIS INC.**

040989



DO NOT WRITE IN THIS SPACE

Principal Place of Business NW 33RD PL FL 33351		Mailing Address 9511 NW 33RD PL SUNRISE FL 33351-7164	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0296172</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GUIUAN, MARIA ANTONIA**  
**717 PONCE DE LEON BLVD.**  
**SUITE 222**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><b>D</b> <input type="checkbox"/> Delete  <b>ARNOLD, PIERRE</b>  <b>9511 NW 33RD PL</b>  <b>SUNRISE FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition                  TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>

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 of Pierre Arnold*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00  
 Date

954 746 6709  
 Daytime Phone #

CR2E034 (9/99)