

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42023

1. Entity Name

ARCOM INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90028 006 ***150.00

Principal Place of Business

Mailing Address

11420 NW 45TH PLACE
SUNRISE FL 33323
US

11420 NW 45TH PLACE
SUNRISE FL 33323-1017
US

2. Principal Place of Business

2989 NW 115th Terr

3. Mailing Address

2989 NW 115th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

Country

33323 US

Zip

Country

33323 US

4. FEI Number

65-0403826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, DAVID
11420 NW 45TH PLACE
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

DAVID ROSEN

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

2989 NW 115th Terrace

City

SUNRISE

FL

Zip Code

33323

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

David Rosen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

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, 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

11. OFFICERS AND DIRECTORS

TITLE P
NAME ROSEN, DAVID
STREET ADDRESS 11420 NW 45TH PLACE
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DAVID ROSEN
STREET ADDRESS 2989 NW 115th Terrace
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE VP
NAME GAIL ROSEN
STREET ADDRESS 2989 NW 115th Terrace
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

David Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (954) 748-99103

Date

Daytime Phone #

CR2E034 (9/99)