

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58499

1. Entity Name

ARTHUR WEST, INC.

Principal Place of Business

622 SOUTHWEST 5TH AVENUE
FORT LAUDERDALE FL 33315

Mailing Address

622 SOUTHWEST 5TH AVENUE
FORT LAUDERDALE FL 33315-1024

2. Principal Place of Business

515 S.W. 1ST AVE

3. Mailing Address

515 S.W. 1ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

Country

33301

BROWARD

Zip

Country

33301

BROWARD

6. Name and Address of Current Registered Agent

WEST, ARTHUR W.
622 SOUTHWEST 5TH AVENUE
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME WEST, ARTHUR W.
STREET ADDRESS 622 S.W. 5TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete
NAME SHARROW, MARGARET
STREET ADDRESS 515 SW 1ST AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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

ARTHUR WEST, PRES.

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90063 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0352882
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E034 (9/99)