

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F72639**Entity Name
ARM DEVELOPERS, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90026 045 ***150.00

0135546 AV

Principal Place of Business
342 W. 16 AVE
HIALEHA FL 33012-7014
USMailing Address
3842 W. 16 AVE
HIALEHA FL 33012-7014
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2518841**Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GLUCK, MAURICIO**
3842 W 16 AVE
HIALEAH FL 33012Name
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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **SD** ☐ Delete
NAME **GLUCK, MAURICIO**
STREET ADDRESS **3842 W. 16 AVE**
CITY-ST-ZIP **HIALEAH FL 33012**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **GLUCK, LILIA**
STREET ADDRESS **3842 W. 16 AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **VAZQUEZ, ADALBERTO**
STREET ADDRESS **5451 W. 9TH COURT**
CITY-ST-ZIP **HIALEAH FL 33012**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**ARM DEVELOPERS, INC.**
MAURICIO GLUCK, Sec/Treas 1/11/02 305-3624512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)