## **FILED** May 08, 2002 8:00 am Secretary of State

05-08-2002 90059 006 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

J68277

**DOCUMENT #** 1. Entity Name

ARMEN'S AUTO REPAIR, INC.

Principal Place of Business

37 N.E. 1ST TERRACE

Mailing Address

37 N.E. 1ST TERRACE

DEERFIELD BEACH FL 33441			DEERFIELD BEACH FL 33441				•				
2. Principal Place of Business			3. Mailing Address				(	JEH 1081 BIBN 1	#### <b>#</b> ###############################	[	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number			applied For	
Zip		Zip. Court				59-2803298			lot Applicable		
		Zip			5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						7,	Name and Address of New R	egistered A	Agent		
MELKONIAN, ARMEN					Name						
	IIAN, AKMEN ST TERRACE		Street		Street A	Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH FL 33441							<u> </u>	·		<del></del> .	
					City				Tin Co.	<u></u>	
		<del>_</del>						FL	Zip Cod	ie	
	e named entity	y submits this statement for t	he purpose of changing its	registere	ed office o	r registered ag	gent, or both, in the State of Flo	rida.		·	
Ĺ,											
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable (NOTE	Pagistares							
•			(NOTE	. registered	Agent signal	ure required when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible			FILE NOW!!! FEE IS \$150.00				10. Election Campaign Fin.	ancing	¢E ſ	<b>00</b> May Be	
Tax filing requirement and elects to do so.  (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			50.00 t of State	Trust Fund Contribution		Adde	d to Fees	
11. OFFICERS AND D			<u> </u>				DITIONS/CHANCES TO OFFI	OFFIC AND	DIDECTOR	0.151.44	
TITLE	D	<u> </u>	☐ Delete	TITLE			DITIONS/CHANGES TO OFFI	CERS AND			
NAME	MELKONIA	AN, ARMEN	Li Delete	NAME					☐ Change	☐ Addition	
STREET ADDRESS	2891 N.W.	. 28TH TERRACE			T ADDRESS						
CITY-ST-ZIP	BOCA RAT	TON FL		CITY-	ST-ZIP						
TITLE	_		☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP	<u> </u>	-		CITY-S	ST-ZIP						
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STREET ADDRESS			•		ADDRESS	•					
CITY-ST-ZIP				CITY-S	T-ZIP		•				
TITLE			☐ Delete	TITLE	• •			<del>-</del>	☐ Change	Addition	
NAME				NAME	j					, admon	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		-	STREET	ADDRESS						

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-421-7117

CR2E034 (9/01)