2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
05-10-2001 90219 038 ***150.00

0025748 AV

DOCUMENT # P00000029625

1. Entity Name
ARMANIE TRADING CORP.

Principal Place of Business	Mailing Address
1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028	1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
S/A	S/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State S/A	City & State S/A
Zip S/A / Country	Zip / Country

4. FEI Number 65-1001104 ☐ Applied For ☐ Not Applicable

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
CEANT, JEAN ALIX 1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028	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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Director NAME Jean Alix Ceant STREET ADDRESS 1414 N.W. 159th Avenue CITY-ST-ZIP Pembroke Pines, FL 33028	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment -

DOCUMENT # P00000029625

1. Entity Name

ARMANIE TRADING CORP.

Principal Place of Business	Mailing Address
1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028	1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028

10598

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
S/A	S/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S/A	City & State: S/A
Zip: S/A · Country	Zip: S/A · Country

4. FEI Number: [illegible]5-1001104 ☐ Applied For ☐ Not Applicable

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
CEANT, JEAN ALIX 1414 N.W. 159TH AVENUE PEMBROKE PINES FL 33028	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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: JEAN ALIX CEANT Director 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 105981 cpa

Fritznel J. Milfort

Certified Public Accountant

(718) 434-1799
E-MAIL: FJMILFORT@AOL.COM
FAX: (718) 434-0805
1468 Flatbush Avenue, 2nd Fl.
Brooklyn, New York 11210

Certified Mail
Return Receipt Requested

July 26, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **Armanie Trading Corp.**
FEI #: 65-1001104
Document #: P00000029625

Gentlemen:

On behalf of the above referenced taxpayer, I am enclosing Duplicate Uniform Business Report for the year 2001 previously filed with your office on April 27, 2001.

I was informed today, that a letter requesting additional information was sent to the taxpayer in May. The taxpayer did not receive the letter.

The additional information requested is included on the attached duplicate Uniform Business Report and should be considered as filed on April 27, 2001. It should also be noted that the correct fee of $ 150.00 was remitted with the original business report on April 27, 2001.

I trust the above information will enable you to update your records and close your file on this matter.

Please acknowledge receipt by signing and returning the duplicate copy of this letter for my file.

Very truly yours,

Fritznel J. Milfort, CPA

Enc.

Attachment 10598 HP000000027625

7000 1670 0011 9540 2890

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

TALLAHASSEE, FL 32302

Postage	$ 0.34	UNIT ID: 0351
Certified Fee	1.90	Postmark Here
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		Clerk: KCJJPZ
Total Postage & Fees	$ 3.74	04/27/01

BROOKLYN, NY MAY 2 '01 USPS

Sent To: DIVISION OF CORPORATIONS
FALSE FORM BOARD NEWS REPORT FILING
Street, Apt. No.; or PO Box No.: P. O. BOX 1500
City, State, ZIP+4: TALLAHASSEE FL 32302

PS Form 3800, May 2000 — See Reverse for Instructions

Attachment 10399 # P 000029625

UNITED STATES POSTAL SERVICE

CUSTOMER'S RECEIPT

KEEP THIS RECEIPT FOR YOUR RECORDS

PAY TO: Department of State

ADDRESS: P.O. Box 1765 Tallahassee FL

C. O. D. OR USED FOR

SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION

NOT NEGOTIABLE

SERIAL NUMBER	YEAR MONTH DAY	POST OFFICE	AMOUNT	CLERK
02917508837	2001-04-27	112101	$150.00	005