# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
02-19-2002 90008 011 ***150.00

DOCUMENT # 254148

1. Entity Name
FLORIDIAN ARMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1450 NE 170TH ST<br>NORTH MIAMI BEACH FL 33162-9812 | 1450 NE 170TH ST<br>NORTH MIAMI BEACH FL 33162-9812 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Floridian Arms Inc | SAME |
| Suite, Apt. #, etc.: 316 | Suite, Apt. #, etc. |
| City & State: N. Mia Bch. Fl | City & State |
| Zip: 33162 Country: USA | Zip Country |

4. FEI Number 59-1000809 ☐ 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 |
|---|---|
| LINJAL, JUAN<br>1450 N.E. 170 STREET<br>NORTH MIAMI BEACH FL 33162 | Name: ARGENTINA PINO<br>Street Address (P.O. Box Number is Not Acceptable): SAME ADDRESS<br>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] SECRETARY + Treasurer (X) 4/20/02
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, 2002 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 | P<br>LINJAL, JUAN<br>1450 NE 170TH ST<br>NORTH MIAMI BEACH FL 33162-9812 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>President Manuel Fernandez<br>1430 N.E. 170 St #222<br>N. Mia Bch Fl 33162 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOOD, DOLLY J<br>1430 NE 170 ST<br>N. MIAMI BEACH FL 33162-9812 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Vice President<br>Roberto Perez #108<br>1450 N.E. 170 St<br>N. Mia Bch. Fl 33162 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PEREZ, DELORES<br>1450 NE 170 ST<br>N. MIAMI BEACH FL 33162-9812 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SECRETARY & Treasurer<br>Argentina Pino<br>1430 N.E. 170 St #316<br>N. Mia Bch. Fl. 33162 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manuel Fernandez<br>President | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TREASURER<br>ARGENTINA PINO<br>1430 N.E 170 St #222 N. Mia Bch. Fl 33162 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Roberto Perez<br>Vice President | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President Roberto Perez<br>1450 NE 170 St #108<br>N. Mia Bch Fl 33162 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Argentina Pino<br>Secretary + Treasurer | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary + Treasurer<br>Argentina Pino<br>1430 N.E. 170 St #316 N. Mia Bch Fl. 33162 | ☑ Change ☐ Addition |

CR2E034 (9/01)

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 (X) 2-31-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #