

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90526 008 ***150.00

DOCUMENT # 254148

1. Entity Name
FLORIDIAN ARMS, INC.



Principal Place of Business
**1450 NE 170TH ST
#316
NORTH MIAMI BEACH FL 33162-9812**

Mailing Address
**1450 NE 170TH ST
#316
NORTH MIAMI BEACH FL 33162-9812**



2. Principal Place of Business
FLORIDIAN ARMS INC

3. Mailing Address
1430 N.E. 170 St #316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

316

City & State
N. Mia Bch, FL

City & State

4. FEI Number **59-1000809**

Applied For
Not Applicable

Zip
33162

Country

DADE

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

**PINO, ARGENTINA
1450 N.E. 170 STREET
NORTH MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **C. Pino**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. PROVISIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HERUAUDEY, MANUEL**
STREET ADDRESS **1430 NE 170 ST #2202**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MANUEL HERNANDEZ**
STREET ADDRESS **1430 N.E. 170 St #222**
CITY-ST-ZIP **N. Mia Bch, FL 33162**

TITLE **V** ☒ Delete
NAME **PEREZ, ROBERTO**
STREET ADDRESS **1450 NE 170 ST. #108**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **ROBERTO DOMINGUES**
STREET ADDRESS **1450 N.E. 170 St #311**
CITY-ST-ZIP **N. Mia Bch, FL 33162**

TITLE **S** ☐ Delete
NAME **PINO, ARGENTINA**
STREET ADDRESS **1430 NE 170 ST #316**
CITY-ST-ZIP **MIAMI FL 33162**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Officer** ☐ Change ☒ Addition
NAME **CARMEN del ROSARIO**
STREET ADDRESS **1430 N.E. 170 St #317**
CITY-ST-ZIP **N. Mia Bch, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Officer** ☐ Change ☒ Addition
NAME **TEOFILINA MILLA**
STREET ADDRESS **1430 N.E. 170 St #223**
CITY-ST-ZIP **N. Mia Bch FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **C. Pino (SECRETARY)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

Daytime Phone #

CR2E034 (10/02)