## Apr 14, 2003 8:00 am

**FILED** 

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

| DOCU<br>1. Entity Nam<br>ARMSTRO   |   | Secretary of State 04-14-2003 90414 001 ***158.75 |  |                        |   |                |  |  |                   |                   |  |
|--|---|---|--|------------------------|---|----------------|--|--|-------------------|-------------------|--|
| Principal Place of Business 2001 NW 93RD AVENUE 2001 NW 93RD AVENUE MIAMI FL 33172 MIAMI FL 33172 MIAMI FL 33172       |   |   |  | D AVENUE               |   |                |  |  |                   |                   |  |
|  | Place of Business   | Address   |  |                        |   |                |  |  |                   |                   |  |
| Suite, Apt.  | ONG EXPORT, INC.  |   | SAME Suite, Apt. #, etc.   |                        |   |                | ☐ CHECK HERE IF MAKING CHANGES   |  |                   |                   |  |
| SAME<br>City & Stat  | <del></del>   | City & S  | City & State   |                        |   |                | 4 EELNhymbar   |  |                   |                   |  |
|  |   |   |  |                        |   | 4. 11          | 59-1909874   |  | No                | t Applicable      |  |
| Zip  | Country   | Zip   |  | try                    | 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                       |                |  |  |                   | 30.7-             |  |
| BLAKE, TI  |   |   |  |                        | Name  |                |  |  |                   |                   |  |
| 19 W. FLAGLER ST.  |   |   |  |                        | Street Address (P.O. Box Number is Not Acceptable)                |                |  |  |                   |                   |  |
| BISCAYNE BLDG., STE. 206   |   |   |  |                        |   |                |  |  |                   |                   |  |
| MIAMI FL 33130   |   |   |  |                        | City  | ty FL Zip Code |  |  |                   |                   |  |
| the obligat  | e named entity submits this statement fittions of registered agent.  Signature, typed or printed name of registered agent.  |   |  |                        | d Agent signature required  |                |  | DATE                                   |                   |                   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |   |   |  |                        |   |                | <ol><li>Election Campaign Final<br/>Trust Fund Contribution.</li></ol>                                   |  | Added             | May Be<br>to Fees |  |
| TITLE  | OFFICERS AND DIRECTORS  Delete  |   |  | 11.                    | :   | ADE            | DITIONS/CHANGES TO OFFIC   |  | DIRECTORS  Change | S IN 11 Addition  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ARMSTRONG, LEWIS R<br>13553 S.W. 58 AVENUE<br>MIAMI FL  |   |  | NAMI<br>STRE           |   |                |  |  |                   |                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CV<br>ARMSTRONG, LEWIS R<br>13553 S.W. 58 AVENUE<br>MIAMI FL  |   | ☐ Delete   |                        | 1   |                |  |  | ☐ Change          | ☐ Addition        |  |
| TITLE  | S   |   | ☐ Delete   | TITLE                  | <del></del>   |                |  |  | ☐ Change          | Addition          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ARMSTRONG, EVELYN S<br>13553 S.W. 58 AVENUE<br>MIAMI FL   |   |  |                        | E<br>ET ADDRESS<br>-ST-ZIP  |                |  | ·_ · · · · · · · · · · · · · · · · · · |                   |                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | ☐ Delete   |                        |   |                |  |  | ☐ Change          | ☐ Addition        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | ☐ Delete   |                        |   |                |  |  | Change .          | Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·   |   | ☐ Delete   |                        |   |                |  |  | ☐ Change          | ☐ Addition        |  |
| indicated<br>of the cor  | certify that the information supplied with<br>on this report or supplemental report in<br>poration or the receiver or trustee emp<br>or on an attachment with an address. | s true and acc<br>owered to exe                   | erate and that mouth that mouth the court in | ny signat<br>as requir | ure shall have the s  | ame le         | 19.07(3)(i), Florida Statutes. I fi<br>egal effect as if made under oa<br>a Statutes; and that my name a | th; that I an                          | n an officer      | or director       |  |

MR? LEWIS R. ARMSTRONG,

PRESIDENT

Daytime Phone #

305-592-8361