

2000 UNIFORM BUSINESS REPORT (FBR)

DOCUMENT # 729431

1. Entity Name **Armen Condominium Association, Inc.**
Apartment

Principal Place of Business Mailing Address

7770 Tatum Waterway Dr. Apt. 3
Miami Beach, FL 33141

c/o Sean Leyden
7770 Tatum Waterway Dr. #3
Miami Beach, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 1577829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 FEB 14 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Sean Leyden
7770 Tatum Waterway Dr. Apt. 3
Miami Beach, FL 33141

7. Name and Address of New Registered Agent

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

Sean Leyden / President

01-28-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	(P)	<input type="checkbox"/> Delete
NAME	Sean Leyden "T"	
STREET ADDRESS	7770 Tatum Waterway Dr. Apt. 3	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	(V)	<input type="checkbox"/> Delete
NAME	Eutimio Garcia "T"	
STREET ADDRESS	8934 Harding Ave.	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	(T)	<input type="checkbox"/> Delete
NAME	Eutimio Garcia	
STREET ADDRESS	8934 Harding Ave.	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	(S)	<input type="checkbox"/> Delete
NAME	Carmen Morana "T"	
STREET ADDRESS	7770 Tatum Waterway Dr. Apt. 4	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Sean Leyden

01-28-00 (305) 866-1842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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To: To Whom It May Concern
From: Leon Leyden, President
Armen Optics Condo Assn., Inc.

Date: 01-28-00

Re: Waiver of Penalty Fee

I, nor the other board members of Armen Optics Condo Assn., Inc., did not receive a renewal form from your office.

Kindly waive the penalty fee as we were unaware of our status with the Division of Corporations.

Enclosed are two checks for \$61.25 each. Kindly reinstate our corporation.

Also enclosed is Leonard Muroff's application for limited partnership that was sent to this address by mistake.

LS