

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90046 016 ***150.00

DOCUMENT # F72639

1. Entity Name
ARM DEVELOPERS, INC.

Principal Place of Business

Mailing Address

1657 W 39TH PLACE
 HIALEHA FL 33012-7014
 US

1657 WEST 39TH PLACE
 HIALEHA FL 33012-7014
 US

2. Principal Place of Business

3. Mailing Address

3842 W. 16 AVE
 Suite, Apt. #, etc.

3842 W. 16 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
59-2518841

Applied For
 Not Applicable

Zip
33012 Country

Zip
33012 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

GLUCK, MAURICIO
1655 WEST 39TH PLACE
HIALEAH FL 33012

Name
 Street Address (P.O. Box Number is Not Acceptable)
3842 W. 16 AVE
 City **Hialeah** FL Zip Code **33012**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLUCK, MAURICIO 1657 W 39TH PLACE HIALEAH FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLUCK, LILIA 1657 W 39TH PLACE HIALEAH FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAZQUEZ, ADALBERTO 1657 W 39TH PLACE HIALEAH FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mauricio Gluck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 305 362-4572
 Date Daytime Phone #

CR2E034 (9/99)