

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90164 033 \*\*\*150.00

**DOCUMENT # F95371**

1. Entity Name

**THE ARMESTO CORPORATION**

Principal Place of Business

**PLAZA "ARMESTO"**  
**1301-1335 N.W. 23RD STREET**  
**MIAMI FL 33142-7621**

Mailing Address

**1301-1335 N.W. 23RD STREET**  
**MIAMI FL 33142**

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

**NOT APPLICABLE**

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

**ARMESTO, ELADIO**

**1301-1335 N.W. 23RD STREET**

**MIAMI FL 33142-7621**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
~~MAYTE XXXXX ARMESTO~~ ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**HELEN MURPHY-ARMESTO** ☐ Change ☒ Addition  
**305 North Second Street**  
**Saint Mary's, Kansas. 66536**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D ARMESTO, MR. PEDRO L** ☐ Delete  
**305 NORTH SECOND STREET**  
**SAINT MARYS KS 66536**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PEDRO LUIS ARMESTO,** ☐ Change ☐ Addition  
**305 North Second Street**  
**Saint Mary's, Kansas. 66536**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D ARMESTO-ESPINOSA, MAYTE** ☐ Delete  
**12641 S.W. 78th Street**  
**Miami, Florida, 33183**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**ELADIO ANTA ARMESTO** ☐ Change ☒ Addition  
**Barco de Valdeorras**  
**Provincia de Orense, España.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**JOAQUIN ARMESTO ESCUDRERO** ☐ Change ☒ Addition  
**Barco de Valdeorras**  
**Provincia de Orense, España.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**ROSA R. ARMESTO-GARCIA** ☐ Change ☒ Addition  
**San Juan, Puerto Rico.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**CASTOR J. ARMESTO-GARCIA** ☐ Change ☒ Addition  
**Belvedere, Illinois.**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eladio Anta Armesto*  
**April 12/2002** **634-9282** **(305) FAX**

Date

Daytime Phone #

CR2E034 (9/01)