

FOR-PROFIT CORPORATION
AMENDED UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95371**

1. Entity Name

THE ARMESTO CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301-1335 N.W. 23rd Street

3. Mailing Address
1301-1335 N.W. 23rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33142-7621

Country

Zip
33142-7621

Country

4. FEI Number
n/a

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARMESTO, ELADIO

Street Address (P.O. Box Number is Not Acceptable)
1301-1335 N.W. 23rd Street

City
Miami, FL Zip Code
33142-7621

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
DP
NAME
ARMESTO-GARCIA, ELADIO
STREET ADDRESS
12641 S.W. 78th Street
CITY-ST-ZIP
Miami, FL 33183

TITLE
DVPST
NAME
ARMESTO-ESPINOSA, MAYTEE D.
STREET ADDRESS
12641 S.W. 78th Street
CITY-ST-ZIP
Miami, FL 33183

TITLE
D
NAME
ARMESTO-GARCIA, CASTOR J.
STREET ADDRESS
1851 N.W. 3rd Street
CITY-ST-ZIP
Miami, FL 33125

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ag. 26/2002

Date

Daytime Phone #

CR2E034B (12/01)

75 10/16/02