

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90551 001 *1,111.25

DOCUMENT # F95917

1. Entity Name
PHOENIX ARMS LTD. INC.

Principal Place of Business
3785 NW 82ND AVE., SUITE 211
MIAMI FL 33166-6657

Mailing Address
3785 NW 82ND AVE., SUITE 211
MIAMI FL 33166-6657

2. Principal Place of Business

10780 S.W. 190th St

3. Mailing Address

10780 S.W. 190th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

Country

33157

USA

Zip

Country

33157

USA

4. FEI Number 59-2231605

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIVEL, DR J AL P.E.
9955 S.W. 87TH CT.
MIAMI FL 33176

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ Delete
NAME **ESQUIVEL, DR J AL**
STREET ADDRESS **3785 N.W. 82ND AVE. STE. 211**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VD** ☐ Delete
NAME **CARRIO, MARLENE A.**
STREET ADDRESS **3785 N.W. 82 AVE. STE. 211**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **10780 S.W. 190th Street**
CITY-ST-ZIP **MIAMI, Florida 33157**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **10780 S.W. 190th Street**
CITY-ST-ZIP **MIAMI, Florida 33157**

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

04-09-02 (305)238-0447

CR2E034 (9/01)