2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # G88142** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** ARM REALTY, INC. 03-02-2000 90078 027 ***150.00 Principal Place of Business Mailing Address 2190 E. 11TH AVE 2190 E. 11TH AVE HIALEAH FL 33013-4308 HIALEAH FL 33013-4308 PALEABUL 3. Mailing Address 926/5W/02 ST. 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2396696 alean Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name YAVNELI, GURI Street Address (P.O. Box Number is Not Acceptable) 2190 EAST 11 AVENUE HIALEAH FL Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete YAVNIELI, GURI NAME NAME STREET ADDRESS STREET ADDRESS 2190 E. 11TH AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL STD Delete Change [Addition TITLE TITLE YAVNIELI, LOIS NAME NAME STREET ADDRESS STREET ADDRESS 2190 E. 11TH AVE CITY ST-7IP CITY-ST-ZIP HIALEAH-FL-☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/35/Jaco

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