

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 050 ***150.00

DOCUMENT # **G 88142**

1. Entity Name
ARM REALTY CORP

DO NOT WRITE IN THIS SPACE

425246

2. Principal Place of Business
9261 S.W. 102 ST

3. Mailing Address

Suite, Apt. #, etc.
MIAMI FL 33146

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number
59-2396696

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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IN THIS SPACE**

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 **STD**
NAME **YAVNIELI LOIS**
STREET ADDRESS **9261 S.W. 102 ST**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P**
NAME **YAVNIELI GURI**
STREET ADDRESS **9261 S.W. 102 ST**
CITY-ST-ZIP **MIAMI FL 33146**

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

SIGNATURE: **G Yavnieli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/02
Date

305-2799918
Daytime Phone #

CR2E034B (12/01)