2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002266 1. Entity Name

ARMENICAL MEMORIAL FOLINDATION INC



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90249 008 ****61.25

		, 1140-		7 .			
Principal Place 4445 WEST 16 SUITE 403 HIALEAH FL 3		Mailing Address 4445 WEST 16TH AVENUE SUITE 403 HIALEAH FL 33012		1100/2002 018 30/20	1844 <u>48</u> 44 8844 8844 8844 8844		ISI O d ial 10 0 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0915274 Applied For Not Applical		plied For t Applicable	
Zip	Country	Zip	Country =======	5. Certificate of Statu		8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered Ac	gent	
	* ,		Name				
ARMENGOL, SALVADOR 4445 WEST 16TH AVENUE			Street Address	(P.O. Box Number is Not Acceptable)			
SUITE 4							
MIALEAR	I FL 33012		City		FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office or reaist	ered agent, or both, in the	State of Florida. I am fa	miliar with.	and accept
	ions of registered agent.	,	3	,			
							}
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating)	DATE		
							
FILE NOW: FEE IS \$61.25		,	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME	PD ARMENGOL, SALVADOR	Delete	TITLE				
STREET ADDRESS CITY-ST-ZIP	4445 WEST 16TH AVENUE	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			□ Change	Addition
		□ Delete	NAME STREET ADDRESS			☐ Change ☐ Change	☐ Addition
CITY-ST-ZIP	4445 WEST 16TH AVENUE HIALEAH FL 33012 SD NICOLAS, FRANCISCA	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	4445 WEST 16TH AVENUE HIALEAH FL 33012 SD NICOLAS, FRANCISCA 31 W 29 ST 7	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	مين الحديد ودر ميحت			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4445 WEST 16TH AVENUE HIALEAH FL 33012 SD NICOLAS, FRANCISCA 31 W 29 ST 7	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	میں المدی و در محت		☐ Change	☐ Addition .
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4445 WEST 16TH AVENUE HIALEAH FL 33012 SD NICOLAS, FRANCISCA 31 W 29 ST 7 HIALEAH FL 33012 TD DALMACES, MARIA A	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ما على العربية والما ميكان الما الما الما الما الما الما الما ال		☐ Change	☐ Addition .
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE:

REQUIRED