

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-16-2001 90066 047 ***150.00

DOCUMENT # P00000025294**1. Entity Name****ARMY BOY, INC.****Principal Place of Business****Mailing Address**

~~2127 N.W. 20TH STREET~~ **403 S.W. 10 ST.** ~~2127 N.W. 20TH STREET~~ **403 S.W. 10 ST.**
 MIAMI FL 33142 MIAMI FL 33142
33130 **33130**

2. Principal Place of Business**403 S.W. 10 STREET****3. Mailing Address****403 S.W. 10 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**MIAMI, FL****City & State****MIAMI, FL****Zip****33130****Country****USA****Zip****33130****Country****USA****4. FEI Number****65-1074413****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

HANNAWI, MAHMOUD
~~ALMESMAR, YASSER~~
~~2127 N.W. 20TH STREET~~ **403 S.W. 10 STREET**
 MIAMI FL 33142 **33130**

7. Name and Address of New Registered Agent

Name **MAHMOUD HANNAWI**
 Street Address (P.O. Box Number is Not Acceptable)

403 S.W. 10 STREET**City****MIAMI****FL****Zip Code****33130****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.

MAHMOUD HANNAWI

(NOTE: Registered Agent signature required when reinstalling)

1/17/2001

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, 2001 Fee will be \$550.00
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	D MAHMOUD HANNAWI <input checked="" type="checkbox"/> Delete
NAME	ALMESMAR, YASSER
STREET ADDRESS	2127 N.W. 20TH STREET
CITY-ST-ZIP	MIAMI FL 33142 33130
TITLE	MAHMOUD HANNAWI <input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D.P.S.T. <input type="checkbox"/> Delete
NAME	MAHMOUD HANNAWI
STREET ADDRESS	403 S.W. 10 STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

MAHMOUD HANNAWI 1/17/2001

Date

Daytime Phone #

CR2034 (10/00)