

2002 UNIFORM BUSINESS REPORT (UBR)

0302357 AV

DOCUMENT # P00000033506

1. Entity Name
ARMADALE INVESTMENTS GROUP, INC.

FILED

02 MAY -1 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6555 N.W. 36TH STREET #114 MIAMI FL 33166
Mailing Address: 6555 N.W. 36TH STREET #114 MIAMI FL 33166

2. Principal Place of Business: 6871 Bird Rd
3. Mailing Address: 6871 Bird Rd

Suite, Apt. #, etc.:
City, State: Miami Florida / Miami

4. FEI Number: 52-0652348
Applied For: Not Applicable

Zip: 33155 Country: Dade
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, DELIA
6555 N.W. 36TH STREET #114 MIAMI FL 33166
6871 BIRD RD MIAMI FLA 33155

Name: Delia Kennedy
Street Address: 6871 Bird Rd
City: Miami FL 33155

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: DATE: 4/25/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: XXXXXXXXXX NAME: XXXXXXXXXX STREET ADDRESS: XXXXXXXXXX CITY-ST-ZIP: XXXXXXXXXX	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete

TITLE: P NAME: Aikhalifa, Rafaiy S STREET ADDRESS: 6871 BIRD ROAD CITY-ST-ZIP: MIAMI FLA-33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: maria G. Alvarez STREET ADDRESS: 1450 Brickell Bay Drive #503 CITY-ST-ZIP: Miami Fla 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000005430360--7 -05/02/02--01035--001 ***1650.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address with all other I'm empowered.

SIGNATURE: DATE: 4/25/02 305 667-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)