

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

0042286 AV

DOCUMENT # **P00000059478**

1. Entity Name
ARMAN ENTERPRISES, INC.

(LA)

07-31-2001 90242 046 ***150.00

Principal Place of Business
855 80TH STREET, #3
MIAMI BEACH FL 33141

Mailing Address
855 80TH STREET, #3
MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12555 BISCAYNE BLVD

3. Mailing Address
12555 Biscayne Blvd

Suite, Apt. #, etc.
930

Suite, Apt. #, etc.
930

City & State
N. MIAMI

City & State
N. Miami

4. FEI Number
65-1017134

Applied For
 Not Applicable

Zip
33181

Country
FLORIDA

Zip
33181

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MACAULAY, ROBERT B
MITRANI, RYNOR, ADAMSKY, MACAULY & ZORILLA
2200 SUN TRUST INTL. 1 S.E. 3RD AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **Richard F. Toro**
 Street Address (P.O. Box Number is Not Acceptable)
10511 SW 88 St.
Suite C103
 City **Miami** FL Zip Code **33176**

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 Richard F. Toro
 Signature, typed or printed name of registered agent and title if applicable.

Richard F. Toro
 (NOTE: Registered Agent signature required when reinstating)

7/26/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SARHADDAR, ARMAN 855 80TH STREET, #3 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arman Sahaddar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01 (305) 924-1122
 DATE Daytime Phone #

CR2E034 (5/01)