

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 039 ***150.00

DOCUMENT # **P00000059478** ✓
1. Entity Name
ARMAN ENTERPRISES, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 NE 192 street /		3. Mailing Address 3300 NE 192 street	
Suite, Apt. #, etc. 913		Suite, Apt. #, etc. 913	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA	Zip 33180	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1017134

Applied For	
Not Applicable	

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARMAN SACHADDAR
Street Address (P.O. Box Number is Not Acceptable)
3300 NE 192 Street # 913
City
AVENTURA FL Zip Code
33180

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 **Arman Sachaddar** President **4/22/02**
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 PRESIDENT	NAME ARMAN SACHADDAR
STREET ADDRESS 3300 NE 192 Street #913	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

4/22/02 **786 277-1644**
Date Daytime Phone #

CR2E034B (12/01)