

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086454 AMENDED ANNUAL REPORT

Entity Name
Armani & Sons, Inc.

FILED

01 DEC 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
480 N. State Road 7
Suite, Apt. #, etc.

3. Mailing Address
480 N. State Road 7
Suite, Apt. #, etc.

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number:
65-1081955

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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

Louis J. Terminello
2700 S.W. 37th Avenue
Miami, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director ☐ Delete
NAME Atabekov, Artem
STREET ADDRESS 3215 N.E. 184 Street, #14202
CITY-ST-ZIP Aventura, FL 33160

TITLE Pres., Vice-Pres., Sec'y, Treas. ☒ Change ☐ Addition
NAME Armani, Yul
STREET ADDRESS 480 N. State Road 7
CITY-ST-ZIP Plantation, FL 33317

TITLE Vice-Pres., Director ☒ Delete
NAME Atabekov, Andrey
STREET ADDRESS 3215 N.E. 184 Street, #14202
CITY-ST-ZIP Aventura, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary, Treasurer, Director ☐ Delete
NAME Armani, Yul
STREET ADDRESS 3215 N.E. 184 Street, #14202
CITY-ST-ZIP Aventura, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

12/13/01

(305) 444-5002

Date

Daytime Phone #

2001 AMENDED UBR

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