

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086454 AMENDED ANNUAL REPORT
1. Entity Name 2002

Armani & Sons, Inc.

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

Zip

33317

Country

USA

City & State

Plantation, FL

Zip

33317

Country

USA

4. FEI Number

65-1081955

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Louis J. Terminello, Esq.
Terminello & Terminello, P.A.
2700 S.W. 37th Avenue
Miami, FL 33133

7. Name and Address of New Registered Agent

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

TITLE NAME Pres., Vice-Pres., Sec'y, Treasurer, Director
STREET ADDRESS Armani, Yul
CITY-ST-ZIP 480 N. State Road 7

TITLE NAME Plantation, FL 33317
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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

Artem Atabekov, Vice-Pres. 01/02/02 (30%) 444-5002

Date

Daytime Phone #

FILED

02 JAN -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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****150.00 ****150.00

mw

Charter Number Only

VALIDATION ONLY

1/2/02 Elizabeth

Terminello & Terminello

Requestor's Name

2700 S.W. 37th Avenue

Address

Miami, FL 33133

City

State

Zip

Phone

(305) 444-5002A

CORPORATION(S) NAME

Armani & Sons, Inc.

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Annual Report <i>Amended</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028