

**01102 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000106582**

1. Entity Name

**A.R.M. INVESTMENT CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 13 AM 10:34

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**540 EAST 45 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**540 EAST 45 STREET**

Suite, Apt. #, etc.

City & State

**HIALEAH, FLORIDA**

City & State

**HIALEAH, FLORIDA**

Zip

**33013**

Country

**U.S.A.**

Zip

**33013**

Country

**U.S.A.**

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

**ROBERTO MESA**

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

**540 EAST 45 STREET**

City

**HIALEAH**

**FL**

Zip Code

**33013**

**DO NOT WRITE  
IN THIS SPACE**

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)

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
ROBERTO MESA  
540 EAST 45 STREET  
HIALEAH, FLA. 33013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
AIDEE M. MESA  
540 EAST 45 STREET  
HIALEAH, FLA. 33013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
YOCELIN MESA  
187 EAST 44 STREET  
HIALEAH, FLA. 33013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500005169125-6  
-03/26/02-01045-005  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

**8/3/05**

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:

**Roberto MESA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02 (305) 362-2070**

Date

Daytime Phone #

CR2E034B (12/01)

MARCH 11, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

RE: A.R.M. INVESTMENT CORP.  
NUMBER: P00000106582

Dear Sirs:

Please be informed' that I never received any rejection notice on the above referenced corporation, after I had sent my annual report last year.

So, therefore, I would like to request for the fees being requested from me at this time, to be waived.

Thanking you in advance for your cooperation.

A.R.M. INVESTMENT CORP.

BY: Roberto MESA  
ROBERTO MESA, PRESIDENT