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APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000088139

1. Corporation Name

Urartu, Inc.

FILED

03 FEB 26 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 328 Crandon Boulevard	26 328 Crandon Boulevard			65-1135793	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 226	27 Suite 226				
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May be Added to Fees
23 Key Biscayne FL	28 Key Biscayne FL				
Zip	County	Zip	County	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33149	25 Miami-Dade	29 33149	30 Miami-Dade		

## 9. Name and Address of Current Registered Agent

Lizabeth P. Calvo  
328 Crandon Boulevard  
Suite 226  
Key Biscayne, FL 33149

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lizabeth F. Calvo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director <input type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto Toufenedjian	1.2 NAME	Jorge Andres Toufenedjian
STREET ADDRESS	328 Crandon Blvd Suite 226	1.3 STREET ADDRESS	328 Crandon Blvd, Suite 226
CITY-ST-ZIP	Key Biscayne, FL 33149	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Hernan Diego Toufenedjian
STREET ADDRESS		2.3 STREET ADDRESS	328 Crandon Blvd, Suite 226
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Ana Neredjian
STREET ADDRESS		3.3 STREET ADDRESS	328 Crandon Blvd, Suite 226
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800014090878
CITY-ST-ZIP		4.4 CITY-ST-ZIP	03/14/03--01058--012 **8.75
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	800014090878
CITY-ST-ZIP		5.4 CITY-ST-ZIP	03/14/03--01058--013 **300.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE Lizabeth F. Calvo as attorney-in-fact

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Urartu, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. <sup>for 2002</sup> ✓  
Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by Elizabeth F. Calvo as attorney-in-fact

Name: Roberto Toufenedjian

Title: President

Date: \_\_\_\_\_