

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90241 019 ***150.00

DOCUMENT # P02000019961



10

1. Entity Name
ARMANDOS II, INC.

Principal Place of Business
**17696 SW 8 STREET
MIAMI FL 33194**

Mailing Address
**17696 SW 8 STREET
MIAMI FL 33194**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEBLES, ARMANDO
9010 B NW SOUTH RIVER DRIVE
SUITE B
MEDLEY FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P FEBLES, ARMANDO ☐ Delete
9010 B SOUTH RIVER DRIVE SUITE B
MEDLEY FL 33166

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

SIGNATURE REQUIRED (President)

04/28/03 305-710-7114

Date

Daytime Phone #

CR2E034 (10/02)

04/29/2003 10:08
04/28/2003 15:26

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3056781168

ATTACHMENT FOREMOST WHITEHOUSE
WILSONSKOLOMIEBLIN

PAGE 01/02
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Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line.

Keep a copy for your records.

EIN

OMB No. 1545-0047

1 Legal Name of Entity (or individual) for whom the EIN is being requested Armandos II, Inc.		3 Executor, Trustee, Care of Name	
2 Trade Name of Business (if different from name on line 1)		5a Street Address (if different) (do not enter a P.O. box)	
4a Mailing Address (room, apartment, suite number, and street, or P.O. box) 17596 S.W. 8th Street		5b City State ZIP Code	
4b City State ZIP Code Miami FL 33194		5b City State ZIP Code	
6 County and State Where Principal Business is Located Dade, Florida			
7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor Armando Feebles		7b SSN, ITIN, or EIN 136-52-3011	
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) 11205 <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEIN) _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign Country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) Check Cashing <input type="checkbox"/> Hired employees (check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Existing purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____	
10 Date business started or acquired (month, day, year) 10/01/02		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) 11/01/02			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter '0'.		Agricultural Household Other 0 0 4	
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Check Cashing			
15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. Check Cashing			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If 'Yes,' please complete lines 16b and 16c.			
16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above. Legal name _____ Trade name _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate Date When Filed (month, day, year) _____ City and State Where Filed _____ Previous EIN _____			

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
Designee's Name	Designee's Telephone Number (include area code)
Address and ZIP Code	Designee's Fax Number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (Type or print clearly): **Armando Feebles, President**

Signature

Date: **04/28/03**

Applicant's Telephone Number (include area code)
(305) 882-1066

Applicant's Fax Number (include area code)
(305) 882-1319

BAA For Privacy and Paperwork Reduction Act Notice, see separate instructions.

FD023901 01/01/02

Form SS-4 (Rev 12-2001)