

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 046 ***158.75

UNIFORM BUSINESS REPORT

DOCUMENT # P02000113075

1. Entity Name
A.R.M.I. DEVELOPMENT CORPORATION OF S.W., FL, IN C.



Principal Place of Business
**4206 ENTERPRISE AVENUE #A-7
NAPLES FL 34104**

Mailing Address
**4206 ENTERPRISE AVENUE #A-7
NAPLES FL 34104**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
14-1854094

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALICE, MEIR
4206 ENTERPRISE AVENUE #A-7
NAPLES FL 34104**

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

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELIAS, OVADIA R 4206 ENTERPRISE AVENUE #A-7 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELIAS, AVIEL 4206 ENTERPRISE AVENUE #A-7 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALICE, MEIR 4206 ENTERPRISE AVENUE #A-7 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALIAS, ILAN 4206 ENTERPRISE AVENUE #A-7 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elias, Ovadia R 4206 Enterprise Avenue #A-7 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alias, Aviel 4206 Enterprise Avenue #A-7 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alice, Meir 4206 Enterprise Avenue #A-7 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alias, Ilan 4206 Enterprise Avenue #A-7 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1st Vice President Yitzhak, Rami 4206 Enterprise Avenue #A-7 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **President** **4/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)