2000 UNIFORM BUSINESS REPORT (UBR) Profit amended $61.25

DOCUMENT # P95 000007654

1. Entity Name
ARMAS MACHINE SHOP, INC.

FILED
01 JUN 25 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2655 N W 23rd St MIAMI, FL 33142	same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0589029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAFAEL GONZALEZ-LABRADA 3850 SW 87th AVE STE 308 MIAMI, FL 33165	Name: JOSE R. PEREZ Street Address (P.O. Box Number is Not Acceptable): 1560 W 46th St apt 211 [illegible] City: HIALEAH **FL** Zip Code: 33012

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] JOSE R. PEREZ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD AIDA GUNTIN 1050 W 32 ST Hialeah, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JOSE R. PEREZ 1560 W 46th ST apt 211 HIALEAH, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004462077--4 -07/06/01--01041--024 *****61.25 *****61.25	☐ Change ☐ Addition
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CR2E037 (9/99)

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 617, 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] JOSE R. PEREZ