

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90990 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P95000074229	
1. Entity Name Armando's, INC.	

DO NOT WRITE IN THIS SPACE

55046373

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9090 N.W. South River Dr Suite, Apt. #, etc. Suite 1 City & State Medley Zip 33166 FL Country Miami-Dade		3. Mailing Address 9090 N.W. South River Dr Suite, Apt. #, etc. Suite 1 City & State Medley FL Zip 33166 Country Miami-Dade		4. FEI Number 650610848	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Armando Febles
Street Address (P.O. Box Number is Not Acceptable) 9090 N.W. South River Drive
City Medley FL Zip Code 33166

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  DATE 5/3/3
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

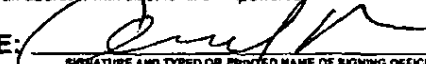
Make Check Payable to Florida Department of State

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	President Armando Febles 9090 N.W. South River Drive Medley FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, without other like empowered.

SIGNATURE:  DATE 04/28/03 DAYTIME PHONE 305-710-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000074229**

1. Entity Name

ARMANDO'S, INC.

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90022 025 ***150.00

Principal Place of Business
 90108 NW SOUTH RIVER DRIVE
 SUITE B
 MEDLEY FL 33166

Mailing Address
 90108 NW SOUTH RIVER DRIVE
 SUITE B
 MEDLEY FL 33166

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0610848**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

FEBLES, ARMANDO
 90108 NW SOUTH RIVER DRIVE
 SUITE B
 MEDLEY FL 33166

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **FEBLES, ARMANDO**
 CITY-ST-ZIP **2820 SW 138TH AVE**
MIAMI FL 33175

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 12 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

Armando Febles

04/24/02

305-882-1066

Date

Daytime Phone #

CR2004 (9/01)