

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083335

1. Entity Name

INDUSTRIAL RESEARCH INSTITUTE, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90249 020 \*\*\*150.00

Principal Place of Business

9850 SW 15 ST  
MIAMI FL. 33174

Mailing Address

9850 SW 15TH ST.  
MIAMI FL. 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARVIN A. HODGES  
(OLD) 9850 SW 15 ST  
MIAMI FL 33174

(same) MARVIN A. HODGES  
(NEW) 4229 SW 59 AVENUE  
MIAMI FL 33155

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

Marvin A. Hodges

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20, 2001

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete  
NAME ARMADA EDGAR M.  
STREET ADDRESS JIMENEZ 115  
CITY-ST-ZIP SAN PEDRO NL 66230 MEXICO

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

TITLE SECRETARY ☐ Delete  
NAME ARMADA, AXEL R  
STREET ADDRESS PEDAS 523  
CITY-ST-ZIP MEXICO DF. MEXICO

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

Edgar Armada  
EDGAR ARMADA

20. APR. 2001. 52-8115-2035

Date

Daytime Phone #

CR2E034 (11/00)