

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000083335

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** INDUSTRIAL RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

9850 SW 15 STREET  
MIAMI, FL 33174

## New Principal Place of Business:

4229 SW 59 AVENUE  
MIAMI, FL 33155

## Current Mailing Address:

9850 SW 15 STREET  
MIAMI, FL 33174 US

## New Mailing Address:

4229 SW 59 AVENUE  
MIAMI, FL 33155 US

**FEI Number:** 65-0806999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

HODGES, MARVIN A  
4229 SW 59 AVE  
MIAMI, FL 33155

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARMADA, EDGAR M  
Address: JIMINEX 115  
City-St-Zip: SAN PEDRO NL 66230 MEXICO,

Title: S ( ) Delete  
Name: ARMADA, AXEL R  
Address: PENAS 523  
City-St-Zip: MEXICO OF, ME

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARMADA, EDGAR M MR  
Address: JIMENEZ 115  
City-St-Zip: SAN PEDRO NL 66230 MEXICO, NL 66230 ME

Title: S (X) Change ( ) Addition  
Name: ARMADA, AXEL R MR  
Address: PENAS 523  
City-St-Zip: MEXICO CITY, DF 01900 ME

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR M. ARMADA

MR

04/29/2002

Electronic Signature of Signing Officer or Director

Date