

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063452

1. Entity Name

ARMON & GILMORE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90455 018 ***150.00

Principal Place of Business

4321 ROCK ISLAND ROAD
 LAUDERHILL FL 33319

Mailing Address

4321 ROCK ISLAND ROAD
 LAUDERHILL FL 33304-2603

2. Principal Place of Business

803 N.E 4TH AVE

Suite, Apt. #, etc.

3. Mailing Address

803 N.E 4TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

4. FEI Number

65-0774351

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33304

Country

USA

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

ARMON, AYAL
 4321 ROCK ISLAND ROAD
 LAUDERHILL FL 33319

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]

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, 2000 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 PD ☒ Delete
 NAME ARMON, AYAL
 STREET ADDRESS 4321 ROCK ISLAND ROAD
 CITY-ST-ZIP LAUDERHILL FL 33319

TITLE PD ☒ Change ☐ Addition
 NAME AYAL ARMON
 STREET ADDRESS 803 N.E 4TH AVE
 CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE STD ☒ Delete
 NAME BELFOR, CHRISTINE
 STREET ADDRESS 4321 ROCK ISLAND ROAD
 CITY-ST-ZIP LAUDERHILL-FL 33319

TITLE STD ☒ Change ☐ Addition
 NAME CHRISTINE BELFOR
 STREET ADDRESS 803 N.E 4TH AVE
 CITY-ST-ZIP FT. LAUDERDALE FL 33304

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
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TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

Daytime Phone #

CR2E034 (9/99)