

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 034 ***150.00

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1. Entity Name

ARMAS of Brevard, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2447 N. Wickham Rd

Suite, Apt. #, etc.

Suite 114

City & State

Melbourne FL

3. Mailing Address

635 Redwood Ct.

Suite, Apt. #, etc.

City & State

Satellite Bch. FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3474022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barbara Samra

Street Address (P.O. Box Number is Not Acceptable)

635 Redwood Ct.

City

Satellite Bch

FL

Zip Code

32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Barbara Samra

635 Redwood Ct.

Satellite Bch FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

Barbara Samra

Barbara Samra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

321-757-5230

Daytime Phone #

CR2E034B (12/02)