

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000002601

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name:
ARMGAR, INC.

Principal Place of Business
850 NE 12TH AVE
#218
HALLANDALE FL 33009

Mailing Address
850 NE 12TH AVE
#218
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3899 N.W. 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

MIAMI - FLA

4. FEI Number

65-0806093

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

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

MORALES, CARLOS
10850 N.W. 2ND STREET
APT. 203
PEMBROKE PINES FL 33026

Name

LOUIS R. SMITH

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

3899 N.W. 7th St. Suite 203

City

MIAMI

FL

Zip Code

33126

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)

08/31/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
NAME **D TRINITARIO, ARMANDO G**
STREET ADDRESS **10850 N.W. 2ND STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800003416228--1**
-10/06/00-01000 010
*****150.00 ***150.00**

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
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/00

DATE

Daytime Phone #

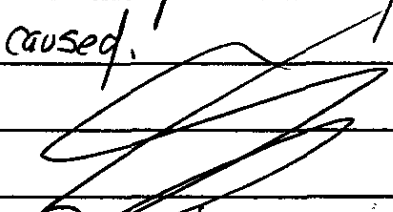
CR2E034 (5/00)

09/08/00

TO: DEPARTMENT OF STATE

Subject: Annual Report 2000

As per our conversation enclosed please find, the annual report with the original fee of \$150⁰⁰, due as told your department we never received the first version of your report due the mailing address was incorrect. We apologize for any inconvenience we may have caused.


Sincerely yours