

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062590

1. Entity Name

A.R.M. DEVELOPMENT CORPORATION OF NAPLES, INC.

Principal Place of Business

4206 ENTERPRISE AVE., #A-7
NAPLES FL 34104

Mailing Address

4206 ENTERPRISE AVE., #A-7
NAPLES FL 34104-7066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ELIAS

Re-novable

4206 ENTERPRISE AVE., #A-7
NAPLES FL 34104

7. Name and Address of New Registered Agent

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELIAS, OVADIA R	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELI-AV; URI D.	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALICE, MEIR	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICE, GEORGE	
STREET ADDRESS	4206 ENTERPRISE AVE #A7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasure/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Alias, Aviel	
STREET ADDRESS	4206 Enterprise Avenue - #A-7	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	Vice President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 of President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (941) 417-0944

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90021 050 ***158.75

C0003101



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523126

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**