

2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3523126

Applied For
Not Applicable

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

ELI-AV, URI D
4206 ENTERPRISE AVE., #A-7
NAPLES FL 34104

Name
Elias, Ovadia R.
Street Address (P.O. Box Number is Not Acceptable)
4206 Enterprise Ave., #A-7
City
Naples FL Zip Code
34104

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

Ovadia Roni Elias-President 1/9/2001

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ELIAS, OVADIA R	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AVIEL, ALIAS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ovadia Roni Elias

1/09/01

Date

(941)354-2080

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90011 046 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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