

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107920

1. Entity Name

ARMILLARY GROUP, INC.

Principal Place of Business

750 S.E. 6 PL.  
HIALEAH FL 33010

Mailing Address

750 S.E. 6 PL.  
HIALEAH FL 33010-5416

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

65-0911779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALCEIRO, JACKELYN  
9220 FOUNTAINBLEAU BLVD. #502  
MIAMI FL 33174

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 *Jackelin Balceiro* Jackelin Balceiro - Secretary

4/14/2000

(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 ☐ Delete  
NAME P  
STREET ADDRESS BALCEIRO, ELRIQUE S  
CITY-ST-ZIP 750 SE 6 PL  
HIALEAH FL 33010

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BLACEIRO, JACKELYN B  
CITY-ST-ZIP 9220 FOUNTAINBLEAU BLVD 502  
MIAMI FL 33174

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BALCEIRO, MADELYN  
CITY-ST-ZIP 13029 SW 4 ST  
MIAMI FL 33184

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 officers or directors.

SIGNATURE: *Enrique S. Balceiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique S. Balceiro President 4/14/00 (305) 462-8848

Date

Daytime Phone #

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90065 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 19/99