

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -3 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 65-0911779

1. Entity Name *ENRIQUE S. BALCEIRO*

*ARMILLARY GROUP INC*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*750 SW 6 PL.*

Suite, Apt. #, etc.

3. Mailing Address

*13371 SW 28 ST*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI FL*

City & State

*MIAMI FL*

4. FEI Number

*65-0911779*

Applied For

Not Applicable

Zip

*33010*

Country

*USA*

Zip

*33175*

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *JACKELYN B BALCEIRO*

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

*13371 SW 28 ST*

City

*MIAMI*

FL

Zip Code

*33175*

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 *Enrique S. Balceiro*

*ENRIQUE S. BALCEIRO*

*5/15/03*

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 *PRESIDENT*  
NAME *ENRIQUE S. BALCEIRO*  
STREET ADDRESS *13371 SW 28 ST*  
CITY-ST-ZIP *MIAMI FL 33175*

TITLE *SECRETARY*  
NAME *JACKELYN B. BALCEIRO*  
STREET ADDRESS *13371 SW 28 ST*  
CITY-ST-ZIP *MIAMI FL 33175*

TITLE *TREASURER*  
NAME *MADELYN BALCEIRO*  
STREET ADDRESS *13371 SW 28 ST*  
CITY-ST-ZIP *MIAMI FL 33175*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*000020428280*  
*06/03/03--01086--007 \*\*150.00*  
*000020428280*  
*06/03/03--01086--008 \*\*8.75*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
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:

*Enrique S. Balceiro* *ENRIQUE S. BALCEIRO* *5/15/03* *305*  
244-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)