# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017002

FILED
00 MAR 30 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ARMAR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17201 Collins Avenue<br>Sunny Isles, FL 33160 | (same) |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0942901 ☐ 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 |
|---|---|
| FILINGS, INC.<br>3732 NW 16 Street<br>Ft. Lauderdale, Fl 33311 | Name: Juan E. Figueras, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 7050 S.W. 86th Avenue<br>City: Miami FL Zip Code: 33143 |

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: Juan E. Figueras — 3/28/00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>ARNALDO BOU<br>17201 Collins Avenue<br>Sunny Isles, FL 33160 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT/DIRECTOR<br>ARMANDO GATTAMORTA<br>17201 Collins Avenue<br>Sunny Isles, Fl 33160 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>MARTA PINANGO<br>17201 Collins Avenue<br>Sunny Isles, Fl 33160 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY/TREASURER<br>MARTA PINANGO<br>17201 Collins Avenue<br>Sunny Isles, FL 33160 XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200003195752--2<br>-04/04/00--01088--026<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200003195752--2<br>-04/04/00--01088--027<br>******8.75 ******8.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>KE |

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: Marta Pinango — 3/28/00 — (305) 947-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #