

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055380

1. Entity Name

ARME, INC.

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

04-14-2000 90009 009 ***150.00

Principal Place of Business

Mailing Address

BRICKELL KEY DR., #907
FL 33131

888 BRICKELL KEY DR., #907
MIAMI FL 33131-2663

2. Principal Place of Business

3. Mailing Address

104 CRANDON BLD.
Suite, Apt. #, etc.
306

104 CRANDON BLD.
Suite, Apt. #, etc.
#306

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip
33149

Zip
33149

4. FEI Number
65-0931303

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

MEJIA, ARTURO
888 BRICKELL KEY DR., #907
MIAMI FL 33131

Name
MEJIA, ARTURO
Street Address (P.O. Box Number is Not Acceptable)
104 CRANDON BLD. # 306
City
Key Biscayne FL Zip Code
33149

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, ARTURO 888 BRICKELL KEY DR., #907 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZCARATE, MARIA MERCEDES 888 BRICKELL KEY DR., #907 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, ARTURO 104 CRANDON BLD # 306 Key Biscayne FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZCARATE, MARIA MERCEDES 104 CRANDON BLD. # 306 Key Biscayne FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

04/07/00 305-365-7885
Date Daytime Phone #

CR2E034 (9/99)