

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 BRICKELL KEY DR., #907 FL 33131	Mailing Address 888 BRICKELL KEY DR., #907 MIAMI FL 33131-2663
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 CRANDON BLD. Suite, Apt. #, etc. 306 City & State Key Biscayne, FL Zip 33149 Country USA	3. Mailing Address 104 CRANDON BLD. Suite, Apt. #, etc. 306 City & State Key Biscayne, FL Zip 33149 Country USA
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4. FEI Number 65-0931303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME MEJIA, ARTURO STREET ADDRESS 104 CRANDON BLD # 306 CITY-ST-ZIP Key Biscayne FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME AZCARATE, MARIA MERCEDES STREET ADDRESS 104 CRANDON BLD. # 306 CITY-ST-ZIP 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: DATE: 04/07/00 DAYTIME PHONE #: 305-365-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)