

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90155 032 ***150.00

DOCUMENT # P99000088998

1. Entity Name
ARMAS, INC.



Principal Place of Business
**4731 WEST ATLANTIC AVENUE
B12
DELRAY FL 33445**

Mailing Address
**4731 WEST ATLANTIC AVENUE
B12
DELRAY FL 33445**

2. Principal Place of Business

**4731 W. ATLANTIC AVE
STE B-12**

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DELRAY BEACH, FL
33445**

City & State

DELRAY FL 33445

Zip

Country
USA

Zip

Country

4. FEI Number

65-0964264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shirley Howard J. Armas

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

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 **DP** ☐ Delete
NAME **ARMAS, ORLANDO**
STREET ADDRESS **4731 W. ATLANTIC AVE B12**
CITY-ST-ZIP **DE RAY FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Howard J. Armas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03

CR2E034 (10/02)