2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000095491

1. Entity Name

THE ARMADAS FINANCIAL INVESTMENTS, INC.

FILED

02 JAN 31 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8906 NW 194 TERR	8906 NW 194 TERRACE
MIAMI FL 33018	HIALEAH FL 33018

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0957862	Applied For / Not Applicable
Zip	Country	Zip	Country	**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**
ARMADA, JOSE 8906 NW 194 TERRACE HIALEAH FL 33018	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.

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, 2002 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 ARMADA, JOSE 8906 NW 194 TERR MIAMI FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004913206--5 -02/13/02--01018--025 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALVAREZ, ANNETTE A 3081 NW 24 ST MIAMI FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004913206--5 -02/13/02--01018--026 ******8.75 ******8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMADA, JOSE JR 3081 NW 24 ST MIAMI FL 33142	☐ 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
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

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: _Jose Armada_ Jose Armada President   1-29-02   305-859-9834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #