

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23984

Entity Name
ARMEN INVESTMENTS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90037 006 ***150.00

Principal Place of Business	Mailing Address
WEST 21 STREET FL 33010	209 WEST 21 STREET HIALEAH FL 33010-2516

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0364847	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMPERE, MIGUEL A.
209 WEST 21 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Miguel A. SEMPERE 2/15/00 (305) 888-4002
Date Daytime Phone #

CR2E034 (9/99)