

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90973 026 \*\*\*150.00

**DOCUMENT #** S90324

**1. Entity Name** A Armen Corporation

**Principal Place of Business**  
1370 S.E. Huffman rd  
Port ST. Lucie FL  
34952

**Mailing Address**  
10302 S. Federal way  
PMB #287  
Port ST. Lucie FL 34952

C0059170

**2. Principal Place of Business**  
3050 S.E. Dalhart rd.  
Suite, Apt. #, etc.

**3. Mailing Address**  
3050 S.E. Dalhart rd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Port ST. Lucie FL

**City & State**  
Port ST. Lucie FL

**4. FEI Number**  
65-0293817

**Applied For**  
☐ Not Applicable

**Zip** 34952 **Country** U.S.A.

**Zip** 34952 **Country** U.S.A.

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Manuel J. Fernandez  
692 S.W. Veronica ave  
P.S.L. FL. 34953

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
3050 S.E. Dalhart rd.  
**City** Port ST. Lucie **FL** **Zip Code** 34952

**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** 4/18/01

**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** PDTS ☐ Delete  
**NAME** Manuel J. Fernandez  
**STREET ADDRESS** 692 S.W. Veronica ave  
**CITY-ST-ZIP** Port ST. Lucie FL 34953

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 3050 S.E. Dalhart rd  
**CITY-ST-ZIP** Port ST. Lucie FL 34952

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

**DATE** 4/18/01

**Daytime Phone #** 561-879-9292

CR2E034 (11/00)