

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 016 ***150.00

DOCUMENT # P00000047562

1. Entity Name
THE FLAME FAMILY INC.

Principal Place of Business Mailing Address
342 SW 17 ROAD 342 SW 17 ROAD
MIAMI FL MIAMI FL

2. Principal Place of Business 3. Mailing Address
P. O. Box 450159 P. O. Box 450159

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida

Zip Country Zip Country
33245 USA 33245 USA

4. FEI Number Applied For
65-1008939 Not Applicable

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

CRUZ, FELIX D
782 NE LE JEUNE ROAD
SUITE 349
MIAMI FL 33126

Name **Address correction**
CRUZ, Felix D
 Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Road
Suite 439
 City **Miami, Florida** FL Zip Code **33126**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	Change	Addition
	D	<input type="checkbox"/> Delete			
	RODOLFO VALDES	342 S.W. 17th Road	Miami, Florida 33129	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	<input type="checkbox"/> Delete			
	Fabiola M. Valdes	342 SW 17th Road	Miami, Florida 33129	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<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 another like empowered.

SIGNATURE: *Fabiola M. Valdes* **Fabiola M. Valdes, Director** **4/23/01** **(305)978-8504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/1/00

CR2E034 (10/00)