

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000047562

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE FLAME FAMILY INC.

Current Principal Place of Business:

PO BOX 450159
MIAMI, FL 33245

New Principal Place of Business:

Current Mailing Address:

PO BOX 450159
MIAMI, FL 33245

New Mailing Address:

FEI Number: 65-1008939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, FELIX D
782 NE LE JEUNE ROAD
SUITE 439
MIAMI, FL 33126

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALDES, RODOLFO
Address: 342 SW 17TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: VALDES, FABIOLA M
Address: 342 SW 17TH ROAD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIOLA M. VALDES

VP

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date