

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90014 036 ***150.00

0123437

DOCUMENT # P94000029518

1. Entity Name

FLACKS PAINTING & WATERPROOFING INC.

Principal Place of Business

1121 NE 24TH AVE
 APT 4
 POMPANO BEACH FL 33062
 US

Mailing Address

~~590 E ATLANTIC BLVD~~
~~STE 17~~
~~POMPANO BEACH FL 33060~~
~~408~~

U U T T I J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1121 NE 24TH AVE

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

City & State

Pompano Bch. FL

4. FEI Number 65-0489083

Applied For

Not Applicable

Zip

Country

Zip

Country

33062 US

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

FLACK, PATRICK J
 1121 NE 24TH AVE
 APT 4
 POMPANO BEACH FL 33062

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, 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 PD
 NAME FLACK, PATRICK J
 STREET ADDRESS 1121 N.E. 24TH AVE., APT. 4
 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE VSTD
 NAME FLACK, TAMARA S
 STREET ADDRESS 1121 N.E. 24TH AVE., APT. 4
 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE VD
 NAME ALVAREZ, IGNACIO
 STREET ADDRESS 1121 NE 24TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE VD
 NAME GARRIS, BOB
 STREET ADDRESS 1121 NE 24TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE VD
 NAME PAEZ, CANDIDO
 STREET ADDRESS 1121 NE 24TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ 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:

Tamara S. Flack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 (954) 786-7535

Date

Daytime Phone #

CR2E034 (10/00)