

2001 UNIFORM BUSINESS REPORT (UBR)

0150988

DOCUMENT # P96000072941

1. Entity Name
FLAGLER MUTINY BAY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 9:12

Principal Place of Business
**2951 SOUTH BAYSHORE DRIVE
MIAMI FL 33133**

Mailing Address
**1200 BRICKELL AVE
STE 900
MIAMI FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**c/o AGI Registered Agents, Inc.
Suite, Apt. #, etc.
1200 Brickell Ave, suite 900
City & State
Miami, Florida**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0705083**

Applied For
Not Applicable

Zip

Country

Zip

Country

33131

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

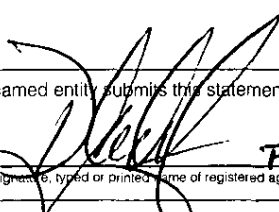
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131**

Name **AGI Registered Agents, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue
Suite 900
City **Miami** FL Zip Code **33131**

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  **President**
Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

4/15/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Fee IS \$150.00
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

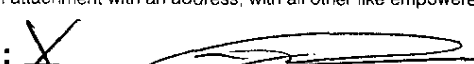
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUNIN-BORKOWSKY, RICARDO 2951 SOUTH BAYSHORE DRIVE MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004213700-0 -05/14/01 -01011--013 ***300.00 ***150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B/S/90	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/15/01
Date Daytime Phone #

CR2E034 (10/00)