

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90331 041 ***150.00

DOCUMENT # *P01000091875*

1. Entity Name *FLAPPY SERVICES, INC.*
1420 WEST 29TH STREET
APT. # 2
HIALEAH, FL. 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1420 WEST 29TH ST

Suite, Apt. #, etc.

2

City & State

HIALEAH, FL

Zip

33012

Country

U.S.A.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0021643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JORGE L. CALVO

Street Address (P.O. Box Number is Not Acceptable)

1420 WEST 29TH ST APT. 2

City

HIALEAH

FL

Zip Code

33012

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JORGE L. CALVO</i> <i>PRESIDENT/DIRECTOR</i> <i>1420 W. 29TH ST. APT # 2</i> <i>HIALEAH, FLA. 33012</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT/DIRECTOR</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MARIA RAMIREZ</i> <i>VICE PRES/DIRECTOR</i> <i>1420 W. 29TH ST. APT # 2</i> <i>HIALEAH FLA. 33012</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *PRESIDENT 02-16-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)