

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641409

1. Entity Name  
FLYING F, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90192 026 \*\*\*150.00

Principal Place of Business  
12000 BISCAYNE BLVD  
STE 402  
MIAMI FL 33181  
US

Mailing Address  
C/O GARY LANCE GLASSMAN CPA PA  
12000 BISCAYNE BLVD STE 402  
MIAMI FL 33181  
US

000075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6365 TAFT STREET  
Suite, Apt. #, etc.  
3003  
City & State  
HOLLYWOOD, FL  
Zip  
33024  
Country  
US

3. Mailing Address  
6365 TAFT STREET  
Suite, Apt. #, etc.  
3003  
City & State  
HOLLYWOOD, FL  
Zip  
33024  
Country  
US

4. FEI Number 59-1950982  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHURCH, JOHN  
12000 BISCAYNE BLVD STE 402  
MIAMI FL 33181

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
6365 TAFT STREET - SUITE 3003  
City HOLLYWOOD FL Zip Code 33024

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 *John R. Church* JOHN R. CHURCH 5/1/01  
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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHURCH, JOHN		NAME		
STREET ADDRESS	12000 BISCAYNE BLVD STE 402		STREET ADDRESS	6365 TAFT STREET - SUITE 3003	
CITY-ST-ZIP	MIAMI FL 33181		CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHURCH, BARBARA		NAME		
STREET ADDRESS	12000 BISCAYNE BLVD STE 402		STREET ADDRESS	6365 TAFT STREET - SUITE 3003	
CITY-ST-ZIP	MIAMI FL 33181		CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *John R. Church* 5/1/01 928-393-9105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)