

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90241 043 ****61.25

0002079

DOCUMENT # 728004

1. Entity Name

FLAGLER 39 ASSOCIATION, INC.

Principal Place of Business

C/O INALBIS DE LA TORRE
 3917 W FLAGLER D-8
 MIAMI FL 33134

Mailing Address

FLAGLER 39 ASSN
 3917 W FLAGLER D-8
 MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA TORRE, INALBIS
3917 W. FLAGLER STREET, #D8
MIAMI FL 33134

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: **TD** Delete
 NAME: **VALDES, MERCEDES**
 STREET ADDRESS: **3901 W. FLAGLER ST., APTO A-1**
 CITY-ST-ZIP: **MIAMI FL 33134**

TITLE: **SD** Delete
 NAME: **SWEIS, XIMENA**
 STREET ADDRESS: **3901 W FLAGLER ST, APTO B-3**
 CITY-ST-ZIP: **MIAMI FL 33134**

TITLE: **TD** Delete
 NAME: **DE LA TORRE, INALBIS**
 STREET ADDRESS: **3917 W. FLAGLER ST, APTO D-8**
 CITY-ST-ZIP: **MIAMI FL 33134**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Change Addition
 NAME: **ALEIDA ALECH**
 STREET ADDRESS: **3915 W FLAGLER ST 25**
 CITY-ST-ZIP: **MIAMI, FLA 33134**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

Inalbis de la Torre

1-12-2001 (305)358-7745

CR2E037 (10/00)