

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-29-2002 90055 010 \*\*\*\*61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable

Zip, Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: TREASURE
NAME: MERCEDES VALDES
STREET ADDRESS: 3901 W FLAGLER ST APTO.A-1
CITY-ST-ZIP: MIAMI, FLORIDA 33134

TITLE: SD
NAME: ALECH, ALEIDA
STREET ADDRESS: 3915 W FLAGER ST #D-5
CITY-ST-ZIP: MIAMI FL 33134

TITLE: SECRETARY
NAME: ALEIDA ALECH
STREET ADDRESS: 3015 W FLAGLER ST D-5
CITY-ST-ZIP: MIAMI, FLORIDA 33134

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

TITLE: PRESIDENT
NAME: DE LA TORRE, INALBIS
STREET ADDRESS: 3917 W FLAGLER ST APT D-8
CITY-ST-ZIP: MIAMI FLA 33134

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E037 (9/01)