

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90133 035 \*\*\*150.00

**DOCUMENT # F99000001250**

1. Entity Name

**FLAIRE, INC. OF MISSOURI**

Principal Place of Business

Mailing Address

**225 N. INTERSTATE DR  
SIKESTON MO 63801****225 N. INTERSTATE DR  
SIKESTON MO 63801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**3155 NW 77th Avenue****MIAMI, FL****33122**4. FEI Number **43-1173138**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>P</b>		<input type="checkbox"/> Delete		<b>V</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>FERRELL, FLOYD</b>	<b>225 N. INTERSTATE DR</b>	<b>SIKESTON MO 63801</b>		<b>JOSE MAS</b>	<b>3155 NW 77th Avenue</b>	<b>MIAMI, FL 33122</b>
	<b>ST</b>		<input checked="" type="checkbox"/> Delete		<b>P</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>FERRELL, KAREN</b>	<b>225 N. INTERSTATE DR</b>	<b>SIKESTON MO 63801</b>		<b>VT</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<b>CARMEN SABATER</b>	<b>3155 NW 77th Avenue</b>	<b>MIAMI, FL 33122</b>
			<input type="checkbox"/> Delete		<b>S</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<b>NANCY J. DANNON</b>	<b>3155 NW 77th Avenue</b>	<b>MIAMI, FL 33122</b>
			<input type="checkbox"/> Delete		<b>D</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Delete		<b>JOEL-TOMAS CITRON</b>	<b>3155 NW 77th Avenue</b>	<b>MIAMI, FL 33122</b>
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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

**CARMEN SABATER** 4/27/01 (305) 599-1800

Date

Daytime Phone #

CP2E034 (10/00)