

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 014 ***150.00

DOCUMENT # **K53473**

1. Entity Name

FLAMINGO BANQUET HALL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

489 East Hialeah Drive

Suite, Apt. #, etc.

3. Mailing Address

489 East Hialeah Drive

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0086529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Omar Bernal

Street Address (P.O. Box Number is Not Acceptable)
489 East Hialeah Drive

City
Hialeah

FL

Zip Code
33010

**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 reappointing)

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
PVSTD
NAME
Omar Bernal
STREET ADDRESS
489 East Hialeah Drive
CITY-ST-ZIP
Hialeah, FL 33010

TITLE
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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)(b), 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, which is either like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)