2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58279 1. Entity Name FLAGLER BUILDERS CORPORATION 1						Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90148 021 ***150.00			
Principal Pla	ce of Business	Mailing Address							
717 PONCE DE LEON BLVD SUITE 234 717 PONCE DE LEON BI CORAL GABLES FL 33134 CORAL GABLES FL 3313									
2. Principal	Place of Business	3. Mailing Address				[HAN TITU DILI BILI	PIRIN BIBNI IODI.	
Suite, Apt	c. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ite	City & State			4.	FEI Number 65-0177169	 	pplied For	
Zip Country		Zip Cour		itry	5. Certificate of Status Desired S8.75 Additional Fee Required			lditional	
	6. Name and Address of Current R	egistered Agent	!		7.	Name and Address of New Registe			
				Name					
FABRE, FRANK R S 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134				Street Addre	ss (P.O. I	Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
				City			FL Zip Coo	Je	
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	!! FEE 02 Fee	will be \$550.0	0	10. Election Campaign Financing Trust Fund Contribution.	_ ~~	00 May Be	
11.	OFFICERS AND D	IRECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBLES, WINSTON CALLE 50 EDIF. BANCOMER, 19TI PANAMA REPUBLIC OF PANAMA			I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R S 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134			I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	l l			☐ Change	Addition .	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete		I			☐ Change	Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that in ered to execute this report a	ıy sıgnatı as requir	nption stated in ure shall have the ed by Chapter	Section 1 ne same l 607, Florid	119.07(3)(i), Florida Statutes. I further egal effect as if made under oath; the da Statutes; and that my name appea	certify that the ir at I am an officer ars in Block 11 or	nformation or director Block 12 if	

SIGNATURE:

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