

# 2000 UNIFORM BUSINESS REPORT (UBR)

0197

DOCUMENT # L00444

1. Entity Name

FLFZ, INC.

Principal Place of Business

% STEPHEN A. FREEMAN  
520 BRICKELL KEY DR. STE 305  
MIAMI FL 33131

Mailing Address

% STEPHEN A. FREEMAN  
520 BRICKELL KEY DR. STE 305  
MIAMI FL 33131-2607

2. Principal Place of Business

3400 MCINTOSH RD B-3

3. Mailing Address

P.O. Box 165105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT EVERGLADES, FL

City & State

PORT EVERGLADES

Zip

33316

Country

USA

Zip

Country

4. FEI Number

65-0130653

Applied For

Not Applicable

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

FREEMAN, STEPHEN A.  
520 BRICKELL KEY DR  
SUITE 305  
MIAMI FL 33131

Name PABLO CARVALLO

Street Address (P.O. Box Number is Not Acceptable)

9440 NW 11th ST

City PLANTATION

FL

Zip Code

33322

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.

(NOT)

Registered Agent's signature required when reinstating)

DATE

**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2000 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 P ☐ Delete

NAME MORENO, MODESTO A.  
STREET ADDRESS 520 BRICKELL KEY DR #305  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete

NAME CHALHOUB, ANTONIO  
STREET ADDRESS 520 BRICKELL KEY DR 305  
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ Delete

NAME CARVALLO, PABLO  
STREET ADDRESS 520 BRICKELL KEY DR 305  
CITY-ST-ZIP MIAMI FL

TITLE S ☒ Delete

NAME FREEMAN, STEPHEN A.  
STREET ADDRESS 520 BRICKELL KEY DR #305  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report, or on an attachment with an address, with all other like empowered persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO CARVALLO

4/30/01

954 761 8992

Date

Daytime Phone #

CR2E034 (9/99)

FILED

01 MAY 11 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE