

# 2002 UNIFORM BUSINESS REPORT (UBR)

09-18-2002 90054 013 \*\*\*\*\*50.00  
L01000004203

DOCUMENT # L01000004203

1. Entity Name

FLINK ENTERPRISES LLC

Principal Place of Business

701 BRICKELL AVE.  
SUITE 1900  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.  
SUITE 1900  
MIAMI FL 33131

FILED

02 OCT 23 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLER, DAN  
701 BRICKELL AVE.  
SUITE 1900  
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DAN P. HELLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-28-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BEVERLY PINK  
19 CAROL ROAD  
WOOSTER, N.J. 07090

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
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TITLE NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DAN P. HELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/5/02

Date

305-577-5037

Daytime Phone #

CR2E083 (4/02)