

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020584

1. Entity Name

FLAMINGO COMMERCE PARTNERS, LLC

Principal Place of Business

12002 MIRAMAR PARKWAY
C/O NATIONAL CONSTRUCTORS, INC.
MIRAMAR FL 33025

Mailing Address

12002 MIRAMAR PARKWAY
C/O NATIONAL CONSTRUCTORS, INC.
MIRAMAR FL 33025

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

65-1156775

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ALAN W ESQ.
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

12002 MIRAMAR PKWY

City MIRAMAR

FL Zip Code 33025

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)

DAVID Howell

4/2/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME David Howell
STREET ADDRESS 12002 Miramar Parkway
CITY-ST-ZIP Miramar, Fl 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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:

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

DAVID Howell

4/2/02

DATE

954443-5739

EXH 213

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90077 007 ****50.00

86682



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)