

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05188

1. Entity Name
FLACHI, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90637 011 ***150.00

Principal Place of Business
C/O ZAY MANAGEMENT
1166 WEST NEWPORT CTR. SUITE 114
DEERFIELD BEACH FL 33442
US

Mailing Address
C/O ZAY MANAGEMENT
1166 WEST NEWPORT CTR. SUITE 114
DEERFIELD BEACH FL 33442
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0137003**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, JAMES L
1166 WEST NEWPORT CENTER DR
SUITE 114
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	DVS	☐ Delete
NAME	YOUNG, JAMES L	
STREET ADDRESS	1191 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DPS	☐ Delete
NAME	YOUNG, IRA L	
STREET ADDRESS	1166 WEST NEWPORT CTR DR. #114	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	☐ Delete
NAME	YOUNG, RUTH	
STREET ADDRESS	1166 WEST NEWPORT CTR DR. #114	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
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
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001 954 570 846
Date Daytime Phone #

CR2E034 (10/00)