

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90057 004 \*\*\*150.00

19921022

**DOCUMENT # L41806**

1. Entity Name  
**FLANAGAN FAMILY ENTERPRISES, INC.**

Principal Place of Business 12905 SW 103 COURT MIAMI FL 33176	Mailing Address 12905 SW 103 COURT MIAMI FL 33176
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0185444</b>	Applied For
	Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JAMES P. FLANAGAN**  
**12905 SW 103 COURT**  
**MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLANAGAN, JAMES, P	
STREET ADDRESS	12905 S.W. 103 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZEBROWSKI, KATHLEEN	
STREET ADDRESS	731 S.W. 158 LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLAWITSCHKA, MAUREEN	
STREET ADDRESS	5254 ROSSER ROAD	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARENTE, EILEEN, F	
STREET ADDRESS	1131 N.W. 118 AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*5883 Smoke Rise Court*

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 P. Flanagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-31-01** Daytime Phone # **305 856 6060**

**JAMES P FLANAGAN**

CRE034 (10/00)