FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State DOCUMENT # L41806 1. Entity Name FLANAGAN FAMILY ENTERPRISES, INC. 01-17-2002 90033 007 ***150.00 Principal Place of Business Mailing Address 12905 SW 103 COURT 12905 SW 103 COURT MIAMI FL 33176 MIAM! FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0185444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES P. FLANAGAN Street Address (P.O. Box Number is Not Acceptable) 12905 SW 103 COURT **MIAMI FL 33176** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition ☐ Delete NAME FLANAGAN, JAMES, P NAME 12905 S.W. 103 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ۷D Delete Change ☐ Addition TITLE NAME ZEBROWSKI, KATHLEEN NAME STREET ADDRESS 731 S.W. 158 LANE STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change ☐ Addition NAME SLAWITSCHKA, MAUREEN NAME STREET ADDRESS **5883 SMOKE RISE COURT** STREET ADDRESS CITY-ST-ZIP STONE MOUNTAIN GA CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition NAME PARENTE, EILEEN, F NAME STREET ADDRESS 1131 N.W. 118 AVE. STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PLANTATION FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 aper that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

address, with all other ile

changed, or on an attachment with

SIGNATURE: