

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90195 021 \*\*\*150.00

DOCUMENT # L65478

1. Entity Name

FLAME OF LIFE, INC

**DO NOT WRITE IN THIS SPACE**

B0129429

2. Principal Place of Business

4836 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Address

4836 SW 8 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

Zip

33134

Country

City & State

CORAL GABLES, FL

Zip

33134

Country

4. FEI Number

65-0344412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MANUEL E. FLORES

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

4836 SW 8 ST.

City

CORAL GABLES, FL

FL

Zip Code

33134

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 CEO if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PT SD

MANUEL E. FLORES

2333 BRICKELL AVE #2610

MIAMI FL. 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D

WILLIAM CALVO

2333 BRICKELL AVE # 2610

MIAMI FL. 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(b), 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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02 (305) 448-9955

CR20034B (12/01)

Attachment  
# 465478

Department of State  
Division of Corporation  
P. O. Box 1500  
Tallahassee, Fl. 32302

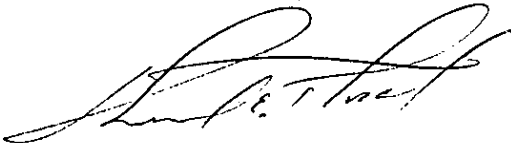
July 11, 2002.

REF: FLAME OF LIFE, INC.

Gentlemen.

I did not receive a preprinted Uniform Business Report for our corporation so I am enclosing a copy in which I have included all changes, The mailing address was never change when we change our place of business address. also as I did not know there was a deadline I am hereby asking you to abate the additional fee and accept this form as timely filed.

Thank you for your generosity.

A handwritten signature in black ink, appearing to read 'Manuel Flores', written in a cursive style.

Manuel Flores