2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001365

1. Entity Name
FLAGSHIP ASSOCIATES L.L.C.

Principal Place of Business
20100 HIGHLAND LAKES BLVD.
MIAMI FL 33179

Mailing Address
20100 HIGHLAND LAKES BLVD.
MIAMI FL 33179-2814

2. Principal Place of Business
998 NE 167 STREET
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33162 Country: USA

3. Mailing Address
998 NE 167 ST
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33162 Country: USA

4. FEI Number 88-0434897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KALAM, SHAHAB
20100 HIGHLAND LAKES BLVD.
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name: KALAM, SHAHAB
Street Address (P.O. Box Number is Not Acceptable): 998 NE 167 Street
City: MIAMI FL Zip Code: 33162

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] 6-1-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KALAM, SHAHAB	NAME	500003342985--8
STREET ADDRESS	20100 HIGHLAND LAKES BLVD.	STREET ADDRESS	-08/02/00--01003--014
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	*****50.00 *****50.00
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	AMIKALI, ARIE A	NAME	AMIRALI, ARIF A
STREET ADDRESS	801 NE 167 STREET #310	STREET ADDRESS	998 NE 167 ST
CITY-ST-ZIP	N. MIAMI FL 33179	CITY-ST-ZIP	MIAMI, FL 33162
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	LAUS, ISABEL	NAME	LAOS, ISABEL
STREET ADDRESS	1164 NE 209 TERR.	STREET ADDRESS	1164 NE 209 TER
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	MIAMI, FL 33179
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANGBAHADOOR, ADAISH	NAME	
STREET ADDRESS	1870 NE 199 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] SIGNATURE REQUIRED 6-1-2000 305 354 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)