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2001 UNIFORM BUSINESS REPORT (UBR)

FLAGSHIP ASSOCIATES L.L.C. Principal Place of Business Mailing Address 998 NE 167 STREET MAMI FL 33162 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Screators, byed or printed name of registered Agent agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	or
Principal Place of Business Mailing Address 998 NE 167 STREET MIAMI FL 33162 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Country 5. Certificate of Status Desired Fee Required T. 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.	or
998 NE 167 STREET MIAMI FL 33162 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Applied 88-0434897 Not Applied Not Applied 6. Name and Address of Current Registered Agent Name KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 City FL Zip Code 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.	or
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City & State City & State City & State City & State Country Country Country Country 5. Certificate of Status Desired \$5.00 Addition Fee Required Name KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 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.	
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Zip Country Zip Country 5. Certificate of Status Desired S\$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 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.	
6. Name and Address of Current Registered Agent Name KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 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.	
KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 City City TL 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.	
20100 HIGHLAND LAKES BLVD. MIAMI FL 33179 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.	
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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	
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 4-01	1
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	
9. MANAGING MEMBERS MEMBERS 10. ADDITIONS/CHANGES	
MCHM	dition
NAME KALAM, SHAHAB STREET ADDRESS 20100 HIGHLAND LAKES BLVD. NAME STREET ADDRESS STREET ADDRESS	
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I MILAMITE 33173	dition
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NAME LAOS, ISABEL NAME	
STREET ADDRESS 1164 NE 209 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33162 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.	