

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010388 AF

DOCUMENT # M99000001365

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

FILED

01 APR -9 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
998 NE 167 STREET  
MIAMI FL 33162

Mailing Address  
998 NE 167 STREET  
MIAMI FL 33162



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

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  
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.

SIGNATURE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALAM, SHAHAB 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMIKALI, ARIE A 801 NE 167 STREET #310 N. MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUS, ISABEL 1164 NE 209 TERR. MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANGBAHADOOR, ADAISH 1870 NE 199 STREET MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMIRALI, ARIF A 998 NE 167 ST. MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAOS, ISABEL 1164 NE 209 TERRACE MIAMI FL 33162	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

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

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:

*Isabel Laos*  
Isabel Laos, Manager

Date

Daytime Phone #

4-4-01 3053543800

CR2E083 (11/00)