

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002196

1. Entity Name  
FLEXXSPACE MARKETING, INC.

Principal Place of Business

1400 N.W. 107TH AVE.  
MIAMI FL 33172

Mailing Address

1400 N.W. 107TH AVE.  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1093368

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL  
1400 N.W. 107TH AVE.  
MIAMI FL 33172

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ADLER, MICHAEL M  
STREET ADDRESS 1400 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D/P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE EVAS  
NAME LEVY, JOEL  
STREET ADDRESS 1400 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D/EV/AS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST  
NAME ARRIZURIETA, LUIS  
STREET ADDRESS 1400 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D/S/T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AS  
NAME ADLER, LINDA K  
STREET ADDRESS 1400 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL LEVY, EVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(305) 392-4050

Daytime Phone #

FILED  
May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90218 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)