

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047562

1. Entity Name

THE FLAME FAMILY INC.

Principal Place of Business

342 SW 17 ROAD
MIAMI FL

Mailing Address

342 SW 17 ROAD
MIAMI FL

2. Principal Place of Business

P. O. Box 450159

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 450159

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33245

Country

USA

Zip

33245

Country

USA

4. FEI Number

65-1008939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, FELIX D
782 NE LE JEUNE ROAD
SUITE 349
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

CRUZ, Felix D

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

782 NW LeJeune Road

Suite 439

City

Miami, Florida

FL

Zip Code

33126

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS RODOLFO VALDES
CITY-ST-ZIP 342 S.W. 17th Road
Miami, Florida 33129

TITLE ☐ Delete
NAME D
STREET ADDRESS Fabiola M. Valdes
CITY-ST-ZIP 342 SW 17th Road
Miami, Florida 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabiola M. Valdes, Director 4/23/01

(305) 978-8504

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 016 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)