

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050211

1. Entity Name

FLAGLER BUSINESS CENTER CORP.

Principal Place of Business

777 S FLAGLER DRIVE 8TH FLOOR WEST TOWER
WEST PALM BEACH FL 33401

Mailing Address

777 S FLAGLER DRIVE 8TH FLOOR WEST TOWER
WEST PALM BEACH FL 33401

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

65-1010894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMPERT, SCOTT L ESO
1701 WEST HILLSBORO BLVD. SUITE 302
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Ross Miller

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

2400 W. Cypress Creek Rd #100

City Ft Lauderdale

FL

Zip Code 33309

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]

1-10-00

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	CEO	<input type="checkbox"/> Delete
NAME	Ross Miller	
STREET ADDRESS	2400 W Cypress Creek Rd #100	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kelly Byron	
STREET ADDRESS	2400 W. Cypress Creek Rd #100	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross Miller	
STREET ADDRESS	2400 W. Cypress Creek Rd #100	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Byron	
STREET ADDRESS	2400 W. Cypress Creek Rd #100	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

954-229-7200

Daytime Phone #

CR2E034 (10/00)

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-29-2001 90098 023 ***150.00



DO NOT WRITE IN THIS SPACE