

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90015 018 \*\*\*150.00

**DOCUMENT # P00000067220**

1. Entity Name  
**FLAMINGO MUSIC PROMOTIONS, INC.**

*LA*

Principal Place of Business  
**1450 NE 123 ST., #113**  
**NORTH MIAMI FL 33161**

Mailing Address  
**1450 NE 123 ST., #113**  
**NORTH MIAMI FL 33161**

**C0071883**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1450 NE 123 ST #113**  
 Suite, Apt. #, etc. **#113**

3. Mailing Address  
**1450 NE 123 ST #113**  
 Suite, Apt. #, etc. **#113**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**651063753** Applied For  
☐ Not Applicable

Zip  
**33161**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

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

**KELLY WILLIAM L JR.**  
**1450 NE 123 ST., #113**  
**NORTH MIAMI FL 33161**

Name **RICHARD H. MCVAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 NE 123 ST #113**  
 City **MIAMI FL** Zip Code **33161**

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 *LA MCVAY* DATE **1-30-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **KELLY, WILLIAM L JR.**  
 STREET ADDRESS **1450 NE 123 ST., #113**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**  
*SECRETARY*

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

TITLE **D** ☐ Delete  
 NAME **MCVAY, RICHARD H**  
 STREET ADDRESS **154 23 ST.**  
 CITY-ST-ZIP **MIAMI FL 33137**  
*PRESIDENT*

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

TITLE **D** ☐ Delete  
 NAME **CHUESANG, ANDRE P**  
 STREET ADDRESS **8441 SW 134 ST.**  
 CITY-ST-ZIP **MIAMI FL 33176-5749**  
*VICE-PRESIDENT*

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 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 all other like empowered.

SIGNATURE: *LA MCVAY* DATE **1-30-01** **305-895-1246**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20034 (10/00)