

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 048 ***150.00

DOCUMENT # P00000095920

1. Entity Name
FLAMINIO MARIN, INC.



Principal Place of Business
7010 S.W. 48TH LANE
MIAMI FL 33155

Mailing Address
7010 S.W. 48TH LANE
MIAMI FL 33155

2. Principal Place of Business

4201 Sw 71 Ave
Suite, Apt. #, etc.

3. Mailing Address

4201 Sw 71 Ave
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-1048657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GORRIZ, DOMINGO
745 S.W. 35TH AVENUE #203
MIAMI FL 33135

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GIRAUD, PIERRE
7010 S.W. 48TH LANE
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GIRAUD, SANDRINE
7010 S.W. 48TH LANE
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

06.15.03

Date

Daytime Phone #

CR2ED34 (10/02)