

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90038 010 ***150.00

DOCUMENT # P01000009536

1. Entity Name
FLEX CORE INC.

Principal Place of Business
**2010 FILLMORE ST
 HOLLYWOOD FL 33020**

Mailing Address
**2010 FILLMORE ST
 HOLLYWOOD FL 33020**

2. Principal Place of Business

5400 TAYLOR STREET
 Suite, Apt. #, etc.

3. Mailing Address

5400 TAYLOR STREET
 Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-1091131

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MUNOZ, RICHARD
 2610 FILLMORE ST
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

SAME

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

5400 TAYLOR STREET

City

Hollywood

FL

Zip Code

33021

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]

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

TITLE **President** ☐ Delete
 NAME **Richard MUNOZ**
 STREET ADDRESS **5400 Taylor Street**
 CITY-ST-ZIP **Hollywood, FL 33021**

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

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

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

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] **RICHARD MUNOZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X1-13-02 X(454)322-7263

Date

Daytime Phone #

CR2E034 (9/01)