

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020547

1. Entity Name
FLAMINGO CHRISTIAN WHOLESALE GIFT & BOOK STORE,
CORP.



FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 012 ***150.00

Principal Place of Business
12330 S.W. 53RD ST.
SUITE #703
COOPER CITY FL 33330

Mailing Address
12330 S.W. 53RD ST.
SUITE #703
COOPER CITY FL 33330



2. Principal Place of Business
12330 SW 53RD ST

3. Mailing Address
12330 SW 53RD ST

Suite, Apt. #, etc.
Suite 705

Suite, Apt. #, etc.
Suite 705

☐ CHECK HERE IF MAKING CHANGES

City & State
Cooper City, FL

City & State
Cooper City, FL

4. FEI Number 65-1078299

Applied For
Not Applicable

Zip 33330 Country Broward

Zip 33330 Country Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, FRANCISCO
1818 PARK AVENUE
WESTON FL 33326

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 PD
NAME AGUILAR, FRANCISCO
STREET ADDRESS 1818 PARK AVENUE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE SD
NAME AGUILAR, GLAUCY M
STREET ADDRESS 1818 PARK AVENUE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/07/03 954.252.5100

CR2E034 (10/02)