

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90842 036 ***150.00

DOCUMENT # P01000052559

1. Entity Name

INVERSIONES FLAMING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12350 SW 132 Ct. # 207

3. Mailing Address

12350 SW 132 Ct. # 207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number

65-1116239

Applied For

Not Applicable

Zip
33186

Country
Dade

Zip
33186

Country
Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAPLAN LINDA M

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

9300 S Dadeland Blvd. # 406

City Miami, Fl. 33156

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 ALBERTO GUTIERREZ
STREET ADDRESS 13411 SW 144 TERRACE
CITY-ST-ZIP MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CIRO PACHECO
STREET ADDRESS 13559 SW 144 TERRACE
CITY-ST-ZIP MIAMI, FL. 33186

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/03

Date

Daytime Phone #

CR2E034B (12/02)