

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90070 013 ***150.00

DOCUMENT # P01000056576

1. Entity Name
FLAGLER RETAIL, INC.



Principal Place of Business
**C/O TERRANOVA CORPORATION
1200 BRICKELL AVENUE SUITE 1500
MIAMI FL 33131**

Mailing Address
**C/O TERRANOVA CORPORATION
1200 BRICKELL AVENUE SUITE 1500
MIAMI FL 33131**

00005137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1111499**

Applied For
Not Applicable

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

~~MILLER, LISHA~~ **TONY FINEMAN**
**1200 BRICKELL AVENUE SUITE 1500
MIAMI FL 33131**

Name **Tony Fineman**
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 1500
City **Miami** FL Zip Code **33131**

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P BITTEL** ☐ Delete
NAME **BIHEL, STEPHEN H**
STREET ADDRESS **1200 BRICKELL AVE. SUITE 1500**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **Bittel, Stephen H.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **AZOR, BETH**
STREET ADDRESS **1200 BRICKELL AVE. SUITE 1500**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VP** ☐ Delete
NAME **ESQUENAZI, ALAN**
STREET ADDRESS **1200 BRICKELL AVE. SUITE 1500**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S** ☐ Delete
NAME ~~MILLER, LISHA~~ **TONY FINEMAN**
STREET ADDRESS **1200 BRICKELL AVE. SUITE 1500**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **Tony Fineman** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1200 Brickell Ave. Suite 1500**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)