

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90032 044 \*\*\*150.00

0076514 AV

**DOCUMENT # P02000008507**

1. Entity Name  
**FLAG CONSULTANTS, INC.**



Principal Place of Business  
1516 ZENITH WAY  
WESTON FL 33327

Mailing Address  
1516 ZENITH WAY  
WESTON FL 33327



2. Principal Place of Business  
**2645 EXECUTIVE PARK DRIVE**

3. Mailing Address  
**2645 EXECUTIVE PARK DRIVE**

Suite, Apt. #, etc.  
**SUITE 501**

CHECK HERE IF MAKING CHANGES

City & State  
**WESTON - FL**

City & State  
**WESTON - FL**

4. FEI Number  
**04-3593091**

Applied For  
Not Applicable

Zip  
**33331**

Country  
**USA**

Zip  
**33331**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ANDRADE, MAURICIO C**  
**1516 ZENITH WAY**  
**WESTON FL 33327**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**LETTER ATTACH**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>ANDRADE, MAURICIO</b> |                                 |
| STREET ADDRESS | <b>1516 ZENITH WAY</b>   |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33327</b>   |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **YOUR SIGNATURE IS REQUIRED** 07/15/2003 (951) 217-6228

CR2E034 (4/03)



*attachment*

Flag Consultants INC.

90143961

#P02000008507

**Microsoft**  
CERTIFIED

Partner

07/15/2003, Weston, Florida

**TO: Florida Department of State  
Division of Corporations**

**From: Flag Consultants Inc  
FEI Number: 04-3593091**

**Ref: 2003 For Profit Corporation Uniform Business Report (UBR)  
Document # P02000008507**

I receive at 07/09/2003 a second notice of Uniform Business Report (UBR) but we're not receive the first notice and we request that the late fee waived.

Please update our new address to:  
.2645 Executive Park Drive Suite 501  
.Weston - FL - USA - 33331

This time we submit the original \$ 150.00 filling fee by the check payable to Florida Department of State.

Best Regards,

*Mauricio Andrade*  
\_\_\_\_\_  
Flag Consultants Inc.  
Mauricio C. Andrade  
President

2645 Executive Park Drive Suite 501  
Weston - FI - USA - 33331  
Phone: (954) 217-6228 Fax: (954) 389-7548