

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90098 029 \*\*\*150.00

DOCUMENT # P02000017919

1. Entity Name  
FLEXO CONCEPT MANUFACTURING CORP.



Principal Place of Business  
2828 MICHIGAN AVENUE UNIT 114  
KISSIMMEE FL 34744

Mailing Address  
2828 MICHIGAN AVENUE UNIT 114  
KISSIMMEE FL 34744

33036039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3612013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RODRIGUEZ, LUIS  
13917 FAIRWAY ISLAND DRIVE  
APT. 93  
ORLANDO FL 32837

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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  
NAME FORD, RAUL  
STREET ADDRESS 2828 MICHIGAN AVE., UNIT 114  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST  
NAME RODRIGUEZ, LUIS  
STREET ADDRESS 13917 FAIRWAY ISLAND DRIVE, APT. 93  
CITY-ST-ZIP ORLANDO FL 32837

TITLE  
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03

407-847-4000

CR2E034 (4/03)