FILED
May 09, 2003 8:00 am
Secretary of State
04-22-2003 90046 025 ***150.00

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[redacted]

55039145

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060561

1. Entity Name
FLAME-UP CORP.

Principal Place of Business	Mailing Address
2875 N.E. 191 ST. ST. SUITE 801, TURNBERRY PLAZA AVENTURA, FL 33180	2875 N.E. 191 ST. ST. SUITE 801, TURNBERRY PLAZA AVENTURA, FL 33180

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2875 NE. 191st, street	2875 NE. 191st street
Suite, Apt. #, etc. 400A	Suite, Apt. #, etc. 400A
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number EIN 01-0715314 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, RICARDO
2875 N.E. 191 ST. ST.
SUITE 801, TURNBERRY PLAZA
AVENTURA, FL 33180

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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINSTEIN, RICARDO 2875 N.E. 191 ST. ST. SUITE 801 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Weinstein, Ricardo 2875 N.E. 191st, street # 400A Aventura, FL 33180 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______________________ 4/18/03 305 935-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #