2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000100352

1. Entity Name



FLAVINCO, INC.

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90224 028 ***158.75

Principal Place of Business 2828 CORAL WAY PENTHOUSE STE MIAMI FL 33145		Mailing Address 2828 CORAL WAY PENTHOUSE STE MIAMI FL 33145							
2. Principal Place of Business		3. Mailing Address				10011001 INT 00810 IEOFA 00811	IBIII 06101 II i ki 61	MI 00100 F1101	a ini a i tat 1 0 e 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEL Number 22-387	7833	3 A	pplied For lot Applicable
Zip	Country	Zip	Zip Count		5.	Certificate of Status Desired	× ×	\$8.75 Ad Fee Require	iditional ed
6. Name and Address of Current Registered Agent					7.	Name and Address of New	Registered A	gent	
OCDET IODOE II			<u>ئىتتىن</u> د	Name					
PEREZ, JORGE M	•	Street Addres			s (P.O. Box Number is Not Acceptable)				
2828 CORAL WAY PENTHOUSE STE MIAMI FL 33145						<u> </u>			
INIMMI FE 33 143	4.					·		_ 	
1				City			FL	Zip Cod	de
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 \$150.00 After May 1 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be)O May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribu		Adde	d to Fees
10. OFFICERS AND DIRECTORS 11					A	DDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 11
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12. I hereby certify that the in	nformation supplied with t	this filing does not qualify for t	he exer	motion stated in	Section	119.07(3)(i), Florida Statutes	s. I further cert	ify that the i	nformation

Indicated on this report or supplied with this little and accurate and that my signature shall have the same legal effect as if made under oath; that I am office or office to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #