

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

FILED

DOCUMENT # P02000107755

1. Entity Name

FLASH GROUP SERVICE, INC.



03 NOV 24 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
19255 NE 10TH AVENUE

Suite, Apt. #, etc.

223

City & State  
NORTH MIAMI BEACH, FLORIDA

Zip  
33179

Country

3. Mailing Address  
19255 NE 10TH AVENUE

Suite, Apt. #, etc.

223

City & State  
NORTH MIAMI BEACH, FLORIDA

Zip  
33179

Country

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0684130

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name PUEBLA, GUSTAVO O.

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

19255 NE 10TH AVENUE APT 223

City NORTH MIAMI BEACH

FL

Zip Code  
33179

**DO NOT WRITE  
IN THIS SPACE**

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)

10/10/03--01053--001 \*\*750.00

300023708123

10/10/03--01053--001 \*\*750.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P PUEBLA, GUSTAVO O  
19255 NE 10TH AVENUE APT 223  
NORTH MIAMI BEACH, FLORIDA 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V DIAZ-CHUIT, SILVINA  
19255 NE 10TH AVENUE APT 223  
NORTH MIAMI BEACH, FLORIDA 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-08-2003

Date

Daytime Phone #

CR2E034B (12/02)