

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000052326**

1. Entity Name

FLM ASSOCIATES INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90036 041 ***150.00

Principal Place of Business

Mailing Address

6971 HERITAGE DR
PORT ST. LUCIE FL 34952
US6971 HERITAGE DR.
PORT ST. LUCIE FL 34952-8229
US

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 **65-0427060**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECONTE, RUTH
2697 CALUSA ST.
PORT ST. LUCIE FL 34952

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MONGNO, VINCENT**
STREET ADDRESS **542 PROSPECT ST.**
CITY-ST-ZIP **WESTFIELD NJ 07090**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MONGNO, EUGENE**
STREET ADDRESS **1111 WYCHOWOOD RD.**
CITY-ST-ZIP **WESTFIELD NJ 07090**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P MONGNO, PATRICK**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V FERRARO, JOHN**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST LECONTE, RUTH**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 21, 2000 908-684-777