

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052326

Entity Name  
FLM ASSOCIATES INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90073 007 \*\*\*150.00

Principal Place of Business

6971 HERITAGE DR  
PORT ST. LUCIE FL 34952  
US

Mailing Address

6971 HERITAGE DR.  
PORT ST. LUCIE FL 34952  
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0427060

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. REMOVE OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MONGNO, VINCENT	
STREET ADDRESS	542 PROSPECT ST.	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONGNO, EUGENE	
STREET ADDRESS	1111 WYCHOWOOD RD.	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONGNO, PATRICK	
STREET ADDRESS	C/O 2193 HEATHWOOD CR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRARO, JOHN	
STREET ADDRESS	C/O 2193 HEATHWOOD CR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LECONTE, RUTH	
STREET ADDRESS	C/O 2193 HEATHWOOD CR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

908-644-7901

Date

Daytime Phone #

CR2E034 (9/01)