

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052872

1. Entity Name

FLAGSHIP MARKETING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90099 033 ***150.00

000000017



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14710 MIAMI LAKEWAY SOUTH
MIAMI LAKES FL 33014
US

Mailing Address
14710 MIAMI LAKEWAY SOUTH
MIAMI LAKES FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0440475

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

REISMAN, JEROME S

~~2511 PONCE DE LEON BLVD~~ 3006 AVIATION AVE.

~~SUITE 205 # 413~~

CORAL GABLES FL 33134 COCONUT GROVE FL 33133

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, 2001 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME BELL, RONALD H
STREET ADDRESS 14710 MIAMI LAKEWAY S
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BELL, RONALD H
STREET ADDRESS 14710 MIAMI LAKEWAY S
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)