FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2002 8:00 am Secretary of State **DOCUMENT #** P94000009132 1. Entity Name 02-01-2002 90061 047 \*\*\*150.00 72 AND FLAGLER CORPORATION Principal Place of Business Mailing Address 7190 WEST FLAGLER ST 3795 SE 108 AVENUE MIAMI FL 33144 MIAMI FL 33165 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0478928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3795 SW 108 AVENUE MIAMI FL 33165 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE PD ☐ Change ☐ Addition NAME RUBIO, WILLIAM NAME STREET ADDRESS 3795 SW 108 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE **VPD** Change ☐ Addition RUBIO, GEORGE NAME STREET ADDRESS STREET ADDRESS 3795 SW 108 AVENUE -CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY; ST-ZIP ☐ Delete TITLÉ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the temption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information atture shall have the same legal effect as if made under oath; that I am an officer or director dyed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that my s of the corporation or the receiver or trustee empowered to execute this report as r changed, or on an attachment with an address, with all other like empowered.