

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P950000 36904**

1. Entity Name **FLAMINGO GAS & WASH, INC.**

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90039 001 ***158.75

Principal Place of Business **12398 SW 3RD ST. PLANTATION, FL. 33324**
Mailing Address **10261 W. Broward Blvd. PLANTATION, FL. 33324**

2. Principal Place of Business		3. Mailing Address		4. FEI Number 050605352		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country USA	Zip	Country USA			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JAMES J Costello Jr 10261 W. Broward Blvd. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street-Address (P.O.-Box Number is Not Acceptable)		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  **James J Costello Jr** **4/18/00**
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES J Costello Jr.		NAME		
STREET ADDRESS	700 NW 100 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	V, D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN C. COOK		NAME		
STREET ADDRESS	13030 ALW 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL. 33325		CITY-ST-ZIP		
TITLE	T, D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEREL M. MILLER		NAME		
STREET ADDRESS	900 GROVES MEADOW LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCFEE, FL. 34761		CITY-ST-ZIP		
TITLE	S, D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES J Costello SR.		NAME		
STREET ADDRESS	6801 NW 6TH CT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **James J Costello Jr** **4/18/00** **954423 9030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)