

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90238 043 \*\*\*150.00

DOCUMENT # P95000049671

1. Entity Name

FLAGLER STATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28 SD. KROME AVE

Suite, Apt. #, etc.

3. Mailing Address

WILLIAM TIMMENY

Suite, Apt. #, etc.

16700 SW 91st AVE

City & State

HOMESTEAD FLORIDA

City & State

MIAMI, FL

Zip

33030

Country

DADE

Zip

33157

Country

DADE

4. FEI Number

650592787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM TIMMENY

Street Address (P.O. Box Number is Not Acceptable)

16700 S.W. 91st AVE

City

MIAMI, FLORIDA

Zip Code

33157

DO NOT WRITE  
IN THIS SPACE

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) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TIMMENY, WILLIAM P  
16700 S.W. 91st AVE  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TIMMENY, PATRICIA VP  
16700 S.W. 91st AVE  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM TIMMENY April 21/2002