

15/08 00 TUE 12:09 FAX

(011) 853-5779

08/08/2000 12:59 905-374-5066

PINEBANK MIS

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **p95000055462**

1. Entity Name

FLAMINGO BUSINESS, INC**R**

Principal Place of Business

**520 BRICKELL KEY DRIVE
MIAMI, FL 33131
SUITE 0-305**

Mailing Address

**1001 BRICKELL BAY DRIVE
SUITE 1612
MIAMI, FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0624004

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE SUITE 0 - 305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 of principal name or registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUARTE, WILMA	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUARTE, MARCOS T	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE 0-305	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 subsequent 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 the address, with all other like empowered.

SIGNATURE: *

MARCOS DUARTE**08.04.00****305 577.8692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Dwelling Phone #

Attachment P9 5000055762
A0073206

Miami, August 13, 2000

To Whom It May Concern:

**We are mailing a copy of the 2000 UNIFOM BUSSINESS REPORT
because Mr. Marcos and Ms. Wilma Duarte are out of the country.
As soon as we receive the original document we will mail to the Division
of Corporation.**

Sincerely,

p/ 
Flamingo Business, Inc