

2001 UNIFORM BUSINESS REPORT (UBR)

0151473

DOCUMENT # P95000085843

1. Entity Name

FLAGLER BAY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 9:17

Principal Place of Business

2951 S BAYSHORE DRIVE
MIAMI FL 33133
US

Mailing Address

1200 BRICKELL AVE
SUITE 900
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

c/o AGI Registered Agents, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1200 Brickell Ave., Ste. 900

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33131

U.S.A.

4. FEI Number 65-0654461

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGIM REGISTERED AGENTS, INC
1200 BRICKELL AVE STE 900
RRA
MIAMI FL 33131

Name
AGI Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue
Suite 900
City Miami FL Zip Code 33131

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  President

(NOT Registered Agent signature required when reinstating)

4/15/01
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 DPT
NAME DUNIN, RICARDO
STREET ADDRESS 750 S. MASHTA DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME 800004213898 ☐ Add
STREET ADDRESS -05/14/01--01011--013
CITY-ST-ZIP *****900.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01
Date

Daytime Phone #

CR2E034 (10/00)