

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 050 ***150.00

DOCUMENT # P95000085843

1. Entity Name
FLAGLER BAY, INC.



Principal Place of Business
2951 S BAYSHORE DRIVE
MIAMI FL 33133
US

Mailing Address
C/O AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE. STE 900
MIAMI FL 33131
US



2. Principal Place of Business
1001 Brickell Bay Dr

3. Mailing Address
C/O Flagler Holding Group Inc

Suite, Apt. #, etc.
Suite 2410

Suite, Apt. #, etc.
1001 Brickell Bay Dr, Suite 2410

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0654461

Applied For
☐ Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE STE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **John Peterson**
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Dr, Suite 2410
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Peterson - CEO**

4-28-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **DUNIN, RICARDO**
STREET ADDRESS **750 S. MASHTA DR.**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED President**

4-18-03

305-373-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)