

2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90272 032 ***150.00

DOCUMENT # P95000091683

1. Entity Name

FLAMINGO FALLS, INC.

Principal Place of Business

Mailing Address

2419 E. COMMERCIAL BLVD. STE. 301
FT. LAUDERDALE FL 33308

2419 E. COMMERCIAL BLVD. STE. 301
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

2501 E COMMERCIAL BLVD 2501 E COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

Zip

Country

Zip

Country

33308

USA

33308

USA

4. FEI Number

65-0639218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOCKAMORE, JOHN H
2419 E COMMERCIAL BLVD STE 301
FT LAUDERDALE FL 33308

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, 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) ☐

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	PD	<input type="checkbox"/> Delete
NAME	STOCKAMORE, JOHN H	
STREET ADDRESS	2501 E COMMERCIAL BLVD. SUITE 205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-4042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEVELL, SAM B	
STREET ADDRESS	6401 SW 87 AVE STE 301	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMES, RONALD	
STREET ADDRESS	6700 N ANDREWS AVE STE 102	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOCKAMORE, RICK N	
STREET ADDRESS	2501 E COMMERCIAL BLVD. SUITE 205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-4042	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEVELL, MICHAEL	
STREET ADDRESS	6401 SW 87 AVE STE 301	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICK N. STOCKAMORE

4/17/01 954-491-0100

CR2E034 (10/00)