

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044468

1. Entity Name

FLAMINGO INTERNATIONAL TRADING, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90365 001 ***150.00

04-25-2001 90365 002 *****8.75

Principal Place of Business

49 MAJORCA AVENUE
STE 301
CORAL GABLES FL 33134

Mailing Address

49 MAJORCA AVENUE
STE 301
CORAL GABLES FL 33134

39340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7515 SW 59 Ave

3. Mailing Address

7515 SW 59 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

V-10

V-10

City & State

SOUTH MIAMI FL

City & State

SOUTH MIAMI FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

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

LANGSTADT, OLIVER J
815 PONCE DE LEON BLVD.
STE 200
CORAL GABLES FL 33134

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

NHosein

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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 ☐ Delete
NAME **PTD HOSEIN, NADEEN**
STREET ADDRESS **7515 SW 59 Ave**
CITY-ST-ZIP **# V-10**
CORAL GABLES FL 33134
S. MIAMI, FL 33143

TITLE ☐ Delete
NAME **VD HOSEIN, ANEESA**
STREET ADDRESS **7515 SW 59 Ave**
CITY-ST-ZIP **# V-10**
CORAL GABLES FL 33134
S. MIAMI, FL 33143

TITLE ☐ Delete
NAME **Please note address**
STREET ADDRESS **changes for officers above.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NHosein (NADEEN HOSEIN)

4/16/01

(305) 663-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)