

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90246 047 ***158.75

DOCUMENT # P96000100530

1. Entity Name

FLABIG CORPORATION

Principal Place of Business

Mailing Address

**3862 HUNTERS ISLE
ORLANDO FL 32837****3862 HUNTERS ISLE
ORLANDO FL 32837**

2. Principal Place of Business

3050 CRESTED CI

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770117

Suite, Apt. #, etc.

ORLANDO FL

City & State

ORLANDO FL

City & State

Zip
32837Country
USAZip
32877Country
USA

4. FEI Number

59-3420091

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

**ANTONIO LUIZ ROMANO
3862 HUNTERS ISLE
ORLANDO FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)

3050 CRESTED CI

City

ORLANDO**FL**

Zip Code

32837

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTD
ROMANO, ANTONIO L
3862 HUNTERS ISLE
ORLANDO FL 32837** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3050 CRESTED CI
ORLANDO FL 32837** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROMANO, ANTONIO
3862 HUNTERS ISLE
ORLANDO FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3050 CRESTED CI
ORLANDO FL 32837** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 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

4-10-01

Date

407-5929022

Daytime Phone #

CR2E034 (10/00)