

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102548

1. Entity Name

FLAMINGO MORTGAGE CORPORATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90051 018 ***150.00

Principal Place of Business

500 S. AUSTRALIAN AVENUE, #120
W. PALM BEACH FL 33401

Mailing Address

500 S. AUSTRALIAN AVENUE, #120
W. PALM BEACH FL 33480-2176

315 GRANADA ROAD

315 GRANADA ROAD

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *PALM BEACH FL.*

City & State *W. PALM BEACH FL*

4. FEI Number **65-0733179**

Applied For

Not Applicable

Zip *33401*

Country *USA*

Zip *33401*

Country *USA*

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

PAINE, JEFFREY ESQ.
500 S. AUSTRALIAN AVENUE, #120
W. PALM BEACH FL 33401

Name *PAINE JEFFREY ESQ*

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

1055 PALM BEACH LAKES BLVD #900

City *WEST PALM BEACH FL*

Zip Code *33401*

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 *PAINE JEFFREY ESQ*

4-13-00

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, 2000 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 **DP**
STREET ADDRESS **DUCOVNA, STANLEY M**
CITY-ST-ZIP **500 S. AUSTRALIAN AVENUE, #120**
W. PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME *DP*
STREET ADDRESS *DUCOVNA STANLEY M.*
CITY-ST-ZIP *315 GRANADA ROAD*
W. PALM BEACH FL 33401

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: *Stanley M. Ducovna PRES*

4-11-00

561-655-9949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)