

APPROVED
AND
FILED

03 JUN 23 PH 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000262

1. Entity Name
FLORIDA LICENSE ASSOCIATES, INC.

Principal Place of Business
6449 SW 432 COURT CIRCLE
MIAMI, FL 33157-5141

Mailing Address

PO BOX 708024
MIAMI, FL 33170-8024

2. Principal Place of Business

41 NORTH BOUNTY LANE
Suite, Apt. #, etc.

3. Mailing Address

41 N. BOUNTY LANE
Suite, Apt. #, etc.

City & State

Key Largo FL
33037

City & State

Key Largo FL
33037

4. FEI Number

05-0722411

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEARNEY ROBERTA
5400 S.W. 13TH COURT CIRCLE
MIAMI, FL 33155-1411

7. Name and Address of New Registered Agent

Name LISA BARGANIER

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

41 N. BOUNTY LANE

City Key Largo

FL 33037

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 Lisa L. Barganier

LISA BARGANIER 4/18/03



9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	DATE
NAME	BARGANIER, LISA	
STREET ADDRESS	6449 SW 432 COURT CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		DATE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DATE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DATE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DATE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	DATE	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
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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, name or other like information.

SIGNATURE Lisa L. Barganier

4/18/03 800-523-3060

LISA BARGANIER

90139452

06/13/03 90057 041 \$150.00



CHECK HERE IF MAKING CHANGES

20572

PREPARED BY	
DATE	

1 Division of Corporations
2 P.O. Box 6327
3 Tallahassee, Fl. 32314
4

5 Att: Kathy Ashton
6

6/20/03

7 Re: Renewal P9700000262
8
9

10 Dear Miss Ashton
11

12 Confirming our telephone conversation
13 today regarding the \$400 late fee.
14 this letter and check were mailed
15 from Tavernier Florida on 4/18/03 prior
16 to the 5/1/3 penalty date.

17 Please renew this Corporation
18 and waive the late fee.

19 Sincerely
20 Paul F. Fickell
21 for Lisa Fargamier
22 President
23 Florida License Associates
24

25 We can be reached at 1-888-523-3060
26 Thank you
27
28