

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197000008928

1. Entity Name

Flegales, Inc.

FILED

02 OCT 16 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 S. Biscayne Blvd

Suite, Apt. #, etc.

2850

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Address

201 S. Biscayne Blvd

Suite, Apt. #, etc.

2850

City & State

Miami FL

Zip

33131

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0749468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Feldenkrais

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

201 S. Biscayne Blvd # 2850

City

Miami FL

FL

Zip Code

33131

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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)

10/10/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President / Treasurer  
Michael Feldenkrais  
201 S. Biscayne Blvd suite 2850  
Miami FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President / Secretary  
Claudia Bacigalupo  
201 S. Biscayne Blvd suite 2850  
Miami FL 33131

TITLE  
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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 on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02 (305) 913-1790

Date

Daytime Phone

CR2E034B (12/01)