

DOCUMENT # P97000011320

1. Entity Name  
FLASH 2000, INC.

Principal Place of Business

3737 N. DAVIE RD.  
HOLLYWOOD FL 33024

Mailing Address

~~3175 SOUTH CONGRESS AVENUE STE 301~~  
~~PALM SPRINGS FL 33461~~  
5780 S.W. 61<sup>ST</sup> AVE  
DAVIE, FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

65-0753700

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRENSHAW, KENNETH B  
3175 SOUTH CONGRESS AVENUE, STE. 301  
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-08-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D GUELLI, TONY	3737 S. CONGRESS AVE., STE. 301	PALM SPRINGS FL 33461	
	T L O N A C GUELLI	5780 S.W. 61 <sup>ST</sup> AVE	DAVIE, FL 33314	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*Tony Guelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY GUELLI (D)

DATE

1-08-01

DAYTIME PHONE #

954-321-0921

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90046 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)