

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90248 010 ***158.75

A0065942

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000017331																							
1. Entity Name FLAGSHIP FINANCIAL ENTERPRISES, INC. ✓																							
Principal Place of Business 87 NW 100 Street Miami Shores, Fl 33150		Mailing Address 87 NW 100 Street Miami Shores, Fl 33150																					
2. Principal Place of Business 87 NW 100 Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Miami Shores, Fl 33150 Zip: 33150 Country: USA		City & State Miami Shores, Fl 33150 Zip: 33150 Country: USA																					
4. FEI Number 65-0731753		<table border="1" style="width:100%;"> <tr> <td>Applied For</td> </tr> <tr> <td>☒ Not Applicable</td> </tr> </table>		Applied For	☒ Not Applicable																		
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required.																							
6. Name and Address of Current Registered Agent Guillen-Borrego, Azahira M. 87 NW 100 Street Miami Shores, Fl 33150		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)																							
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		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																					
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE: <i>Azahira Guillen-Borrego</i>		4/26/01 (305) 888-1022																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE																					

CR20034 (11/00)