## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000023258** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name FLISA ENTERPRISES, INC. 04-22-2000 90042 011 \*\*\*150.00 Mailing Address Principal Place of Business 3191 CORAL WAY 3191 CORAL WAY SUITE 115 #222 SUITE 115 #222 MIAMI FL 33145 MIAMI FL 33145-3213 US 3. Mailing Address 2. Principal Place of Business 170, Box 300 Biscaune Burl wanthour-222 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0736630 Not Applicable miami Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33131</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent maria Q. Ilarraza ILARRAZA, MARIA G Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY 300 Biscayne Blud. Way \$1011 SUITE 115 #222 **MIAMI FL 33145** Zip Code <u> 33131</u> 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President ☐ Addition Joann White Change ☐ Delete TITLE TITLE WHITE, JOANN NAME 11790 NE. 1274 Ct. NAME STREET ADDRESS 605 NW 177 STREET SUITE 245 STREET ADORESS miami, Florida CITY-ST-7/P CITY-ST-ZIP **MIAMI FL 33169** Vice President Corporate Secretary **VPCS** ☐ Addition ☐ Delete TITLE TITI F maria G. Ilavraza ILARRAZA, MARIA G NAME NAME 300 Biscayne Blud way # 1014 - 222 3191 CORAL WAY STE 115 #222 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP mianii Florida 33131 CITY-ST-ZIP **MIAMI FL 33145** Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

**SIGNATURE** 

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

<u>U\_111-7000~ (305)6344-3572</u>

Daytime Phone

□ Change

☐ Addition