

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 028 ***158.75

DOCUMENT # P98000016932

1. Entity Name
F.L.P. ENTERPRISES, INC.



Principal Place of Business
1370 N.W. 54TH ST.
MIAMI FL 33142

Mailing Address
1370 N.W. 54TH ST.
MIAMI FL 33142



2. Principal Place of Business
1370 NW 54th St
Suite, Apt. #, etc.

3. Mailing Address
1370 NW 54th St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33142
Country
USA

City & State
Miami, FL
Zip
33142
Country
USA

4. FEI Number **65-0816951**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIGLAU, EDLINE
10731 SW 173 ST.
MIAMI FL 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAULTRE, YANICK	12045 SW 184th St 8245 SW 184th Lane	MIAMI FL 33177 33157	<input type="checkbox"/>
T	FRANCOIS, DUCARME Y	14208 SW 115 TERR	MIAMI FL 33186	<input type="checkbox"/>
S	PAULTRE, ALAIN H	12045 SW 184th St 8245 SW 184th Lane	MIAMI FL 33177 33157	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8245 SW 184 Lane	Miami, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		8245 SW 184 Lane	Miami, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yanick Paultre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (305) 754-9092
Date Daytime Phone #

CR2E034 (10/02)