

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000018901

1. Entity Name
FLAMAKO, INC.

Principal Place of Business
% HOLYFIELD ASSOCIATES, P.A.
1601 FORUM PLACE, SUITE 801
W. PALM BEACH FL 33401

Mailing Address
% HOLYFIELD ASSOCIATES, P.A.
1601 FORUM PLACE, SUITE 801
W. PALM BEACH FL 33401

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

65-0837063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAXMAN, JOHN T
1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401

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 reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
KOHLMANN, FLAVIEN
"PRETEXES" KOHLMANN VERONIQUE
10 BOULEVARD D'ITALIE MN 98000

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KOHLMANN JEAN-MARIE
10 BOULEVARD D'ITALIE
MONACO 98000

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
KOHLMANN, EMMANUELLE
"PRETEXES" KOHLMAN VERONIQUE
10 BOULEVARD D'ITALIE MN 98000

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KOHLMANN, VERONIQUE
10 BOULEVARD D'ITALIE
MONACO 98000

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-7, 2002 5617128700

Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90008 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)