

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 049 ***158.75

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
460 JOHN T PAXMAN, PA.

3. Mailing Address
460 JOHN T Paxman, PA

Suite, Apt. #, etc.
1832 N. Dixie Hwy

Suite, Apt. #, etc.
1832 N. Dixie Hwy

City & State
Lake Worth, FL

City & State
Lake Worth FL

Zip
33460

Country
USA

Zip
33460

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name
Paxman, John T.
Street Address (P.O. Box Number is Not Acceptable)
1832 N. Dixie Hwy
City
LAKE WORTH FL Zip Code
33460

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

2/28/03

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	S	<input type="checkbox"/> Delete
NAME	KOHLMANN, JEAN-MARIE	
STREET ADDRESS	10 BOULEVARD D'ITALIE	
CITY-ST-ZIP	MANACO 98000	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOHLMANN, VERONIQUE	
STREET ADDRESS	10 BOULEVARD D'ITALIES	
CITY-ST-ZIP	MONACO 98000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-3

801547 2424

Date

Daytime Phone #

CR2E034 (10/02)