

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90022 008 ***150.00

DOCUMENT # P98000084342

1. Entity Name
FLAWLESS ENTERPRISES, INC.

Principal Place of Business

**5340 SW 6TH ST
PLANTATION FL 33317**

Mailing Address

**5340 SW 6TH ST
PLANTATION FL 33317**

2. Principal Place of Business

17888 63rd Road North
Suite, Apt. #, etc.

3. Mailing Address

17888 63rd Road North
Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip Country
33470 West Palm Beach

City & State

Loxahatchee, FL

Zip Country
33470 West Palm Beach

4. FEI Number **65-0877950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, MICHAEL J
5340 SW 6TH ST
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Michael J. Rogers**
Street Address (P.O. Box Number is Not Acceptable)
17888 63rd Road North
City **Loxahatchee, FL** Zip Code **33470**

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]* **Michael J. Rogers** **2-23-01**
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, 2001 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	ROGERS, MICHAEL J	
STREET ADDRESS	5340 SW 6TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, JORDAN T	
STREET ADDRESS	641 SW 83 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Rogers	
STREET ADDRESS	17888 63 rd Road North	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carrie A. Rogers	
STREET ADDRESS	17888 63 rd Road North	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Michael J. Rogers** **2-23-01** **954-658-7174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)