

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005415

1. Entity Name

FLAMINGO WELL DRILLING, INC

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90132 022 \*\*\*150.00

Principal Place of Business

6191 S.W. 41TH STREET  
MIRAMAR FL 33023

Mailing Address

6191 S.W. 41TH STREET  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0905720

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, MANUEL

6191 S.W. 41TH STREET  
MIRAMAR FL 33023

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LOPEZ, MANUEL  
STREET ADDRESS 6191 S.W. 41TH STREET  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MELENDEZ, JOSE D  
STREET ADDRESS 6191 S.W. 41TH STREET  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE Same ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1715 S.W. 54TH Court  
CITY-ST-ZIP Miami, FL 33055

TITLE V ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition  
NAME Carlos Lopez  
STREET ADDRESS 2760 S.W. 34TH Court  
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition  
NAME Raquel Lopez  
STREET ADDRESS 6191 S.W. 41 Street  
CITY-ST-ZIP Miramar, FL 33023

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 954/986-0576

CR2E034 (10/00)