

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000021434****1. Entity Name**
FLAMINGO MALL CORP.

Principal Place of Business 754 N.W. 129TH COURT MIAMI FL 33182	Mailing Address 754 N.W. 129TH COURT MIAMI FL 33182
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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
65-0909945Applied 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**JACOBS WARREN ESQ.
7600 RED ROAD, STE. 229

MIAMI FL 33143 US

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)

04/28/2000

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, 2000 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	DVST	<input type="checkbox"/> Delete
NAME	NIETO-DIAZ NERY J	
STREET ADDRESS	754 N.W. 129TH COURT	
CITY-ST-ZIP	MIAMI FL 33182	

TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ NERY J	
STREET ADDRESS	754 N.W. 129TH COURT	
CITY-ST-ZIP	MIAMI FL 33182	

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIAZ CARLOS	
STREET ADDRESS	754 N.W. 129TH COURT	
CITY-ST-ZIP	MIAMI FL 33182	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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:** Carlos Diaz

Pres. 04/28/2000