

# 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 Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number **65-0909945**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JACOBS WARREN ESQ.**  
**7600 RED ROAD, STE. 229**  
 MIAMI FL 33143 US

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE **04/28/2000**  
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, 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			
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	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"/> 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	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		<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: Carlos Diaz

Doc: 04282000