

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025531

1. Entity Name

FLASH INDUSTRIES OF MIAMI, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90240 038 ***150.00

Principal Place of Business

10250 SW 56TH ST. B-102
MIAMI FL 33165

Mailing Address

10250 SW 56TH ST. B-102
MIAMI FL 33165-7064

2. Principal Place of Business

85 GRAND CANAL DR

3. Mailing Address

85 GRAND CANAL DR

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0904953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPANA, NICOLAS
10250 SW 56TH ST, B-102
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

85 GRAND CANAL DR

SUITE 104

City

MIAMI

FL

Zip Code

33144

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CAMPANA, NICOLAS
10250 SW 56TH ST, B-102
MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CAMPANA, MARIA
10250 SW 56TH ST, B-102
MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

NOTARIZATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/00

Date

305 2611614

Daytime Phone #

CR2E034 (9/99)