

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90045 029 ***150.00

DOCUMENT # P99000075262

1. Entity Name
FLEXES TRADING, INC.

Principal Place of Business

Mailing Address

~~8551 FONTAINEBLEAU BLVD~~

3400 CORAL WAY

~~SUITE 8611~~

SUITE 600

~~MIAMI FL 33172-6864~~

MIAMI FL 33145-3053

358923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4474 Weston Rd. suite 215
Weston, FL. 33331

City & State

Zip

Country

4. FEI Number **65-0952953**

Applied 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

REYES, FRANCISCO

Name

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

4474 Weston Rd. suite 215
Weston, FL. 33331

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	REYES, FRANCISCO	
STREET ADDRESS	4474 Weston Rd. suite 215	
CITY-ST-ZIP	Weston, FL. 33331	
TITLE		<input type="checkbox"/> Delete
NAME	ZULUAGA, FRANCIA S	
STREET ADDRESS	4474 Weston Rd. suite 215	
CITY-ST-ZIP	Weston, FL. 33331	
TITLE		<input type="checkbox"/> Delete
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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

4/24/02

Date

Daytime Phone #

(305) 446-2055

CR2E034 (9/01)