## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000087363 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** FLAG UNITED CORPORATION 03-28-2000 90087 043 \*\*\*158.75 Mailing Address Principal Place of Business ONE BISCAYNE TOWER, SUITE 2975 ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BOULEVARD TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131-1806 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 101 21 SW-3rd 101 21 S.W . 3rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-6955190 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Browa vo Broward Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MACDANIEL, JOHN M ESQ. Street Address (P.O. Box Number ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit DATE now egistered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President Liliana Aristizabal Delete TITLE TITLE NAME MACDANIEL, JOHN M ESQ. NAME 101 21 Sw. 3:d ST STREET ADDRESS STREET ADDRESS TWO SOUTH BISCAYNE BLVD., SUITE 2975 CITY-ST-ZIP 3332<sup>4</sup> CITY-ST-ZIP Plantation - FL MIAMI FL 33131 18ce president ☐ Change ☐ Delete TITLE TITLE Fernando Aristizabal Jose: NAME NAME STREET ADDRESS STREET ADDRESS 5 m. 3d st CITY-ST-ZIP CITY-ST-ZIP Change Addition 🔲 Deletę TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De'ete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #