

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000087363**

1. Entity Name
FLAG UNITED CORPORATION



Principal Place of Business
6650 SW 189 WAY
SOUTHWEST RANCHES FL 33332

Mailing Address
6650 SW 189 WAY
SOUTHWEST RANCHES FL 33332

2. Principal Place of Business
5566 Metrowest Blvd
Suite, Apt. #, etc.
206

3. Mailing Address
5566 Metrowest Blvd
Suite, Apt. #, etc.
206

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32811

Country
USA

Zip
32811

Country
USA

6. Name and Address of Current Registered Agent

ARISTIZADOL, JOSE FERNANDO
6650 SW 189 WAY
SOUTHWEST RANCHES FL 33332

4. FEI Number **65-0955180** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Eduardo J. Cordoba**

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

5566 Metrowest Blvd # 206

City **Orlando**

Zip Code **32811**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **MACDAEL, JOHN M ESQ.**
STREET ADDRESS **TWO SOUTH BISCAYNE BLVD., SUITE 2975**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **URREA, LILIANA**
STREET ADDRESS **6650 SW 189 WAY**
CITY-ST-ZIP **SOUTHWEST RANCHES FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **ARISTIZADOL, JOSE FERNANDO**
STREET ADDRESS **6650 SW 189 WAY**
CITY-ST-ZIP **SOUTHWEST RANCHES FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** Delete
NAME **CORDOBA, EDUARDO JOSE**
STREET ADDRESS **5566 METROWEST BLVD APT#206**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)