

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90550 030 ***150.00

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

3. Mailing Address

5566 Metrowest Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32811

USA

32811

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0955180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FL

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)