

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099299

1. Entity Name

FLEMING GROUP, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90002 035 ***550.00

Principal Place of Business

5359 N. NOB HILL RD.
SUNRISE FL

Mailing Address

5359 N. NOB HILL RD.
SUNRISE FL

2. Principal Place of Business

7808 NW 44 ST

Suite, Apt. #, etc.

3. Mailing Address

7808 NW 44 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0976053

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

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

FLEMING, KENNETH
5359 N. NOB HILL RD.
SUNRISE FL

Name

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

7808 NW 44 ST

City MIAMI

FL

Zip Code

33351

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME FLEMING, EMMA J
STREET ADDRESS 5359 N. NOB HILL RD.
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7808 NW 44 ST
CITY-ST-ZIP MIAMI FLA 33351

TITLE V
NAME FLEMING, KENNETH J
STREET ADDRESS 5359 N. NOB HILL RD.
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7808 NW 44 ST
CITY-ST-ZIP MIAMI FLA 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/001