

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11160

1. Entity Name

FLAMINGO ENTERPRISES, INC.

**FILED**  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90186 007 \*\*\*150.00

Principal Place of Business

8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351  
US

Mailing Address

8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351-7338  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0235284

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

MREJEN, ARIE P.A.  
701 W CYPRESS CREEK RD  
SUITE 302  
FT LAUDERDALE FL 33309

Name

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

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, 2000 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 DP  
NAME KADOCH, DAVID ☐ Delete  
STREET ADDRESS 1250 NW FLAMINGO RD  
CITY-ST-ZIP PLANTATION FL

TITLE D  
NAME FOERSTER, BRUCE ☐ Change ☒ Addition  
STREET ADDRESS 4045 SHERIDAN AVE W432  
CITY-ST-ZIP MIAMI BEACH, FL

TITLE BT  
NAME ZOUR, ISRAEL ☒ Delete  
STREET ADDRESS 12700 N. BISCAYNE BLVD., #202  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D  
NAME BARONE, LUIZ ☐ Change ☒ Addition  
STREET ADDRESS 8360 W OAKLAND PARK BLVD  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE S  
NAME TIROSH, ZIU ☐ Delete  
STREET ADDRESS 210 174TH ST.  
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE T  
NAME ZOUR, ISRAEL ☐ Change ☒ Addition  
STREET ADDRESS 12700 BISCAYNE BLVD. W202  
CITY-ST-ZIP N. MIAMI, FL 33181

TITLE D  
NAME WAXMAN, MICHAEL ☐ Delete  
STREET ADDRESS 7920 NW 3RD PLACE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MARTINEZ, JUAN C ☐ Delete  
STREET ADDRESS 8360 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP SUNRISE FL 33351

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:

*ISRAEL ZOUR*

ISRAEL ZOUR TREAS

4/28/00

(954) 749-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #