

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90044 018 ***150.00

DOCUMENT # F97000001719

1. Entity Name
FRANKLIN OF MIAMI, INC.

Principal Place of Business Mailing Address
2310 NW 102ND PLACE **417 N. DEE RD**
MIAMI FL 33172 **PARK RIDGE IL 60068-2818**
US

2. Principal Place of Business 3. Mailing Address
2685 NW. 105 Ave **Some**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL. **Some**
 Zip Country Zip Country
33172 **DADE** **Some** **Some**

4. FEI Number Applied For
36-3669707 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEINER & NUSSBAUM, P.A.
NATIONS BANK BUILDING
2000 GLADES RD., STE 110
BOCA RATON FL 33431-8504

Name **Senz, Roberto S&A Company, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36 street Suite 100
 City **Miami** **FL** Zip Code **33166**

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  DATE **4/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZION, ALBERT	NAME	
STREET ADDRESS	417 N DEE RD	STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONKA, RONALD	NAME	
STREET ADDRESS	417 N DEE RD	STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  DATE **4/28/00** DAYTIME PHONE # **(305) 470-8530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)