2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F97000001719 **DOCUMENT #**

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90209 004 ***150.00

MAMI FL 39772 MAMI FL 39772 SUS AND PROCESS AND STATE OF	FRANKLIN	OF MIAMI, INC.						
2. Principles Prace of Busings Address Multi-State Suite, Apr. 4, etc. Suite, Apr.	2685 NW 105 AVE MIAMI FL 33172		2685 NW 105 AVE MIAMI FL 33172					
Second S	11351 NW. 36 Terroce 11351 NW			136 TEMBE	e /		HARAU HARAI KARAI	
SAF.75 Additional Fig. 20 Country Coun			City & State	FL	4. FEI Number 36-3669707	<u> </u>		
SAENZ ROBLEDO SAX COMPANY, P.A. 8180 NW 36 ST STE 100 MIAMI FL, 33166 B. 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 chigatons of registered agent, by both is present the chigatons of registered agent. SIGNATURE Signature byted or prime name of supposed acent and their applicable. SIGNATURE Signature byted or prime name of supposed acent and their applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May 8e Added to Fees Make Check Psychole to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE BOOK SIGNATURE PRAY (1) 2003 Fee will be \$550.00 May 8e Added to Fees Make Check Psychole to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SITEST ANDRESS OFFI-51-2P PARK RIDGE IL OFFI-51-2P PARK RIDGE IL OFFI-51-2P PARK RIDGE IL OFFI-51-2P Detelle TILE NAME SIFET ADDRESS OFFI-51-2P Detelle TILE NAME SIFET ADDRESS OFFI-51-2P Detelle TILE NAME SIFET ADDRESS OFFI-51-2P OFFI-51	Zip 331	78 USA	33178	Country U.S.A		Fee Require		
SAENZ ROBLEDO SAX COMPANY, P.A. 8180 NW 36 ST STE 100 MAMIF FL 33166 City FL Zip Code B. "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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS 11. NAME SIRES ADDRESS OTH-ST-2P THE VSD GONKA, RONALD 417 N DEE RD GONKA, RONALD 417 N DEE RD GONKA, RONALD 417 N DEE RD ACRITICATIONESS OTH-ST-2P PARK RIDGE II. Delde THE NAME SIRES ADDRESS OTH-ST-2P THE NAME SIRE		6. Name and Address of Curren	t Registered Agent	Namo	7. Name and Address of New Reg	istered Agent		
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B.:The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida. I am familiar with, and accept the colliquors or registered agent, or both, in the State of Fordida agent, and accept the colliquors or registered agent, or both, in the State of Fordida agent, and accept the colliquors or registered agent, or both, in the State of Fordida agent, and accept the colliquors or registered agent, or both, in the State of Fordida agent, and accept the colliquors or registered agent, or both, in the State of Fordida agent, and accept the colliquors of the c				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
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		certify that the information supplied wi	ith this filing does not qualify fo	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I for same legal effect as if made under oa	urther certify that the th; that I am an office	information r or director	

SIGNATURE: