

# 2001 UNIFORM BUSINESS REPORT (UBR) *Amended*

APPROVED  
AND  
FILED

01 AUG 10 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **695835**  
1. Entity Name **FRANKLIN Federated Funding Corp.**  
*c/o Franklin Horner* Address: **43 NW 27th Avenue**  
**Miami, FL 33125**

Principal Place of Business Mailing Address  
**43 NW 27th Avenue**  
**Miami, FL 33125**

2. Principal Place of Business **43 NW 27th Avenue**  
Suite, Apt. #, etc. **Miami, Florida**  
City & State **Miami, Florida**

3. Mailing Address **43 NW 27th Avenue**  
Suite, Apt. #, etc. **Miami, Florida**  
City & State **Miami, Florida**

4. FEI Number 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  
Name **Rose Horner**  
Street Address (P.O. Box Number is Not Acceptable) **43 N.W. 27th Avenue**  
City **Miami, FL** Zip Code **33125**

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 *Rose Horner* **8-10-01**  
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.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Rose Horner</b>	
STREET ADDRESS		STREET ADDRESS <b>make title as to BE President</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>43 NW 27th Ave. Miami, FL 33125</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>V/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Franklin Horner</b>	
STREET ADDRESS		STREET ADDRESS <b>Make title as to Be Vice President</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>43 NW 27th Ave. Miami, FL 33125</b>	
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: *Franklin M. Horner* **8-10-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)