

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90092 001 ***511.25

DOCUMENT # G 95835
1. Entity Name
FRANKLIN Federated FUNDING CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>43 NW 27th Avenue</u> Suite, Apt. #, etc. <u>Miami, Florida</u> City & State		3. Mailing Address <u>43 NW 27th Avenue</u> Suite, Apt. #, etc. <u>Miami, FL.</u> City & State	
Zip <u>33125</u>	Country <u>U.S.A. America</u>	Zip <u>33125</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Franklin M. Horner

Street Address (P.O. Box Number is Not Acceptable)
43 NW 27th Ave

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 Franklin M. Horner 5-03-02
Signature typed or printed name of registered agent and fee not 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE <u>P.</u>	NAME <u>Franklin M. Horner</u>	TITLE <u>VP</u>	NAME <u>Rose Horner</u>
STREET ADDRESS <u>43 NW 27th Ave</u>	STREET ADDRESS <u>43 NW 27th Ave</u>	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Miami FL 33125</u>	CITY-ST-ZIP <u>Miami FL 33125</u>	CITY-ST-ZIP	CITY-ST-ZIP

forced resignation

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin M. Horner 5-3-02 305 642-6624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)