

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-16-2001 90100 036 ***150.00

- 00071



DO NOT WRITE IN THIS SPACE

DOCUMENT # M96654
 1. Entity Name
FRAGINVEST CORPORATION

Principal Place of Business Mailing Address
C/O EDWARD E. LEVINSON P.A. **C/O EDWARD E. LEVINSON P.A.**
407 LINCOLN RD. PHE. **407 LINCOLN RD. PHE.**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address
3166 Commodore Plaza **3166 Commodore Plaza**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Coconut Grove Flk **Coconut Grove Flk**

City & State City & State
Coconut Grove Flk **Coconut Grove Flk**

Zip Country Zip Country
33133 **USA** **33133** **USA**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **David Popham**
 Street Address (P.O. Box Number is Not Acceptable)
3166 Commodore Plaza
Coconut Grove Flk
 City **FL** Zip Code **33133**

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: **2-5-01**
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.
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 NAME STREET ADDRESS CITY-ST-ZIP	VP POPHAM, DAVID 3166 COMMODORE PLAZA COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE ? NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OSTERWALD, MARCELLO VIA SOMAIMI 10 / VIA LUCCHINI 690 LUGANO SWITZERLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **1-08-01** Daytime Phone #

CR2E034 (10/00)