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Secretary of State

05-06-2003 90048 038 ***150.00

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

80114563

DOCUMENT # <u>P02000123388</u>			
1. Entity Name <u>FRAMAR INVESTMENTS, Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>3663 SW 8 St.</u> Suite, Apt. #, etc. <u>214</u>		3. Mailing Address <u>P.O. Box 144335</u> Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33135</u>		Zip <u>33114</u>	
Country <u>American</u>		Country <u>Miami</u>	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>JOSE I. CARRILLO, Esq.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3663 SW 8 St.</u>			
Suite <u>Suite 214</u>			
City <u>Miami</u> FL Zip Code <u>33135</u>			
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 <u>JOSE I. CARRILLO</u> <u>5/1/2003</u> Signature, print or printed name of registered agent and date 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 page 3)			
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE <u>DIRECTOR</u>		TITLE	
NAME <u>FRANK CARRILLO</u>		NAME	
STREET ADDRESS <u>251 Crandon Blvd Apt 905</u>		STREET ADDRESS	
CITY, ST, ZIP <u>Key Biscayne FL 33149</u>		CITY, ST, ZIP	
TITLE <u>DIRECTOR</u>		TITLE	
NAME <u>JOSE I. CARRILLO</u>		NAME	
STREET ADDRESS <u>6860 S W 128 St</u>		STREET ADDRESS	
CITY, ST, ZIP <u>Miami, FL 33156</u>		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
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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)(b), 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: <u>Frank Carrillo</u> <u>5/1/2003</u> <u>305-888-3000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/01)