

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 9500005 1177**

1. Entity Name

FRANCO ENTERPRISES, INC

FILED

00 OCT -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0077086

Principal Place of Business

Mailing Address

**12773 W. FOREST HILL
SUITE 1203
WELLINGTON FL 33414**

**12773 W. FOREST HILL
SUITE 1203
WELLINGTON, FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0591976

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANK PASCARELLA
2640 YARMOUTH DR
W.P.B. FL 33414**

Name **JOYCE PASCARELLA**
Street Address (P.O. Box Number is Not Acceptable)
**12773 W. FOREST HILL
SUITE 1203**
City **WELLINGTON** FL Zip Code **33414**

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

Joyce Pascarella

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FRANK PASCARELLA	
STREET ADDRESS	2640 YARMOUTH DR	
CITY-ST-ZIP	WPA FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/PSIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE PASCARELLA	
STREET ADDRESS	12773 W. FOREST HILL STE 1203	
CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*****150.00 ***150.00**

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:

Joyce Pascarella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-00 **561** **775-5559**

CR2E034 (9/99)

attachment
P95 000651177
A00770 80

WJ

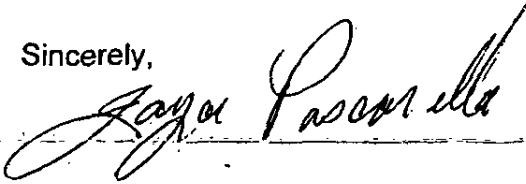
September 4, 2000

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Dept of State,

Please accept my filing fee of \$150.00, as I never received the original report.
My husband and I were divorced this year, and I did not receive a lot of my mail.
Thank you very much.

Sincerely,



Joyce Pascarella
President
Franjo Enterprises, Inc.