

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108296

1. Entity Name

FOLION FINANCE & INVESTMENTS, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90076 033 ***158.75

Principal Place of Business

320 JACKSON ST
HOLLYWOOD FL 33019

Mailing Address

P O BOX 220982
HOLLYWOOD FL 33022

changed!

2. Principal Place of Business

3115 Mary Street
Suite, Apt. #, etc. *B*

3. Mailing Address

3115 Mary Street
Suite, Apt. #, etc. *B*

City & State

Miami

City & State

Miami

Zip *33033*

Country *FL*

Zip *33022*

Country *FL*



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

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

ULLRICH, AXEL M.H.

320 JACKSON ST

HOLLYWOOD BCH FL 33019

3115 Mary Street
#B

Miami, FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida.

SIGNATURE

Axel M.H. Ullrich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registered agent is changed.)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

Election Campaign Financing
Statement Required ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	ULLRICH, AXEL M.H.	
STREET ADDRESS	320 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

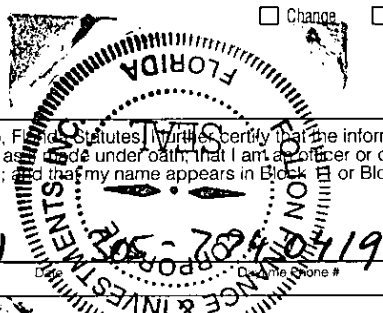
SIGNATURE:

Axel Ullrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AXEL ULLRICH, PRESIDENT

2/8/2001



CR2E034 (10/00)