

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90405 012 ***150.00

DOCUMENT # P98 0000 81119

1. Entity Name

FRAN'S WORKSHOP INC.

Principal Place of Business

Mailing Address

4911 S.W. 201 TERRACE
 FT. LAUDERDALE, FL 33332

SAME

2. Principal Place of Business

3. Mailing Address

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-08 61968

Applied For

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

FRAN GIORDANO
 4911 S.W. 201 TERRACE
 FT. LAUDERDALE, FL. 33332

NAME

Street Address (P.O. Box Numbering Not Permitted)

City

FL

Zip Code

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.

RECEIVED BY

Register (Include name and address of entity if agent not in Florida)

DATE

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$650.00
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	FRAN GIORDANO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	4911 S.W. 201 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33332	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 118.07(3)(f), Florida Statutes. I further certify that the information disclosed on this report is true and correct to the best of my knowledge and belief and that the officer or director who signed this report is an officer or director of the corporation or the trustee or trustee emeritus to whom the report is required by Chapter 607, Florida Statutes, and that my name appears in Part 11 or Part 12 of this statement, or on an attachment with an address, with all other filers empowered.

SIGNATURE: *Fran Giordano*

4/24/01

954-434-6955

CR2E034 (11/00)