

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90039 011 ***150.00

DOCUMENT # P99000066138

1. Entity Name
FRANCO & CRIPPA ADVANCED TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 12625 SW 70TH AVE. 12625 SW 70TH AVE.
 PINECREST FL 33156 PINECREST FL 33156-6228

2. Principal Place of Business 3. Mailing Address
5001 S.W. 74TH CT 5001 S.W. 74TH CT.

Suite, Apt. #, etc. Suite, Apt. #, etc.
100 100

City & State City & State
MIAMI, FL. MIAMI, FL.

Zip Country Zip Country
33155 USA 33155 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0937053 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

FRANCO, WILLIAM
 12625 SW 70TH AVE.
 PINECREST FL 33156

Name **MANUEL FRANCO**
 Street Address (P.O. Box Number is Not Acceptable)
808 BRICKELL KEY DR. # 2102
 City **MIAMI** FL Zip Code **33131**

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 *[Signature]* **MANUEL FRANCO** 4-24-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D FRANCO, MANUEL**
 STREET ADDRESS **1800 RIVERGLEN DR.**
 CITY-ST-ZIP **SUWANNEE GA 30024**

TITLE Change Addition
 NAME **MANUEL FRANCO**
 STREET ADDRESS **808 BRICKELL KEY DR. # 2102**
 CITY-ST-ZIP **MIAMI, FL. 33131**

TITLE Delete
 NAME **D CRIPPA, RENZO**
 STREET ADDRESS **12625 SW 70TH AVE.**
 CITY-ST-ZIP **PINECREST FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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: *[Signature]* 4-24-00 (305) 446-8887
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #