2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2001 8:00 am Secretary of State **ECUMENT # S12636** 1. Entity Name FRANDE, INC. 02-26-2001 90507 021 ***150.00 Principal Place of Business Mailing Address 897 E. PRIMA VISTA BLVD. 897 E, PRIMA VISTA BLVD. PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 **しりひやオヤム**へ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0230740 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLOC'H, DENIS Street Address (P.O. Box Number is Not Acceptable) 897 E. PRIMA VISTA BLVD. PORT ST. LUCIE FL 34952 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD Change ☐ Addition ☐ Delete TITLE TITLE FLOC'H, DENIS NAME NAME STREET ADDRESS 1573 APPOMALTOX TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL VSD ☐ Change ☐ Addition ☐ Delete TITLE FLOC'H, FRANCOISE NAME NAME STREET ADDRESS STREET ADDRESS 1573 APPOMALTOX TERR. CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL Change ___ Addition_ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE 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 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.

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

02/19/01. 561.

561.871.2231.

Addition

Daytime Phone #

Change