

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087618

1. Entity Name

FR-206 CORP.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90094 005 \*\*\*558.75

Principal Place of Business

Mailing Address

15900 SOUTHWEST 408TH STREET  
CARD SOUND ROAD  
FLORIDA CITY FL 33034

15900 SOUTHWEST 408TH STREET  
CARD SOUND ROAD  
FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

9350 S. Dixie Hwy

9350 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1250

Suite 1250

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33156

USA

33156

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871552

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

CORPCO, INC.  
2699 S BAYSHORE DR., 7TH FLOOR  
MIAMI FL 33133

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, or both, in the State of Florida.

SIGNATURE

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	P	<input type="checkbox"/> Delete
NAME	TORCISE, STEVE JR	
STREET ADDRESS	6800 SW 101 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TORCISE, RICK	
STREET ADDRESS	18000 SW 288 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)