

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P00000044107**

1. Entity Name

**FANKA, INC.****FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90707 013 \*\*\*150.00

Principal Place of Business  
**2018 E. 7TH AVE**  
**TAMPA FL 33605**Mailing Address  
**2018 E. 7TH AVE**  
**TAMPA FL 33605**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-3644463**Applied For  
Not Applicable5. 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

**FERNANDEZ, BRENDA L**  
**2018 E. 7TH AVE**  
**TAMPA FL 33605**

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, 2002 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  
NAME **MARTINO, THOMAS S** ☒ Delete  
STREET ADDRESS **602 N FLORIDA AVE**  
CITY-ST-ZIP **TAMPA FL 33602**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME **FERNANDEZ, RALPH** ☒ Delete  
STREET ADDRESS **2018 E. 7TH AVE**  
CITY-ST-ZIP **TAMPA FL 33605**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME **RSTD FERNANDEZ, BRENDA L** ☐ Delete  
STREET ADDRESS **2018 E. 7TH AVE**  
CITY-ST-ZIP **TAMPA FL 33605**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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: *Brenda L Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

Daytime Phone #

CR2034 (9/01)



869187

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

#P00000044107

May 22, 2002

FANKA, INC.  
2018 E. 7TH AVE  
TAMPA, FL 33605

Subject: FANKA, INC.

Reference Number: P00000044107

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN  
ANNUAL REPORTS SECTION