## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

DOCL	<b>JMENT</b>	#
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P01000032055

Mailing Address

3. Mailing Address

3204 COLONY CLUB RD., #1

POMPANO BCH FL 33062

1. Entity Name FRANKIE & CO.

935 NE 62ND STREET

Principal Place of Business

FORT LAUDERDALE FL 33334

2. Principal Place of Business



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90184 011 \*\*\*150.00

90006390



		157	1 SF 6-	~ stre	21				
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta		P		BCH F	7	FEI Number 65-1090346	<del></del>	applied For lot Applicable	
Zip //	Country		60-8421	Country S.A.	5.	Certificate of Status Desired	\$8.75 Ad	Iditional ed	
	6. Name and Address of C	urrent Register	ed Agent		7.	Name and Address of New Registered	Agent		
MISIANO, FRANK L 3204 COLONY CLUB RD., #1			Name Street A						
POMPANO	O BCH FL 33062				γ.				
				City		FL	Zip Coo		
the obliga	mons of registered agent.			egistered office o		pent, or both, in the State of Florida. I am	familiar with,	and accept	
Afte Make Chec	FILE NOW!!! FEE IS \$150. er May 1, 2003 Fee will be \$5 k Payable to Florida Departn	50.00 nent of State				9. Election Campaign Financing Trust Fund Contribution.   Contribution.		00 May Be d to Fees	
10.		S AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
	D MISIANO, FRANK L 3204 COLONY CLUB RD., P POMPANO BCH FL 33062	<b>#1</b>	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	ANO FRANK L E 644 Street ANO BCH FL 33060	TTC Change	[ Addison	
STREET ADDRESS	VS FREISE, RANDY L 3204 COLONY CLUB DRVE POMPANO BEACH FL 3306		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ESE PANDY L E GHA STREET PAND BCH FL 330			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	3,000.0	-→ E Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		· - Change	Addition	
ITLE IAME			☐ Delete	TITLE NAME			☐ Change	Addition	

12. 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 10 or Block 11 in the corporation of the corporation or an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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