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AMENDED

03 JUN 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523936

1. Entity Name

FRANMAR CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
10400 SW 187 STREET	P.O. BOX 970783	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA	4. FEI Number: 59-1716761 ☐ Applied For ☐ Not Applicable
Zip: 33157 Country: USA	Zip: 33197 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: POLLOCK, DORE

Street Address (P.O. Box Number is Not Acceptable)

10320 SW 71 AVENUE

City: MIAMI, FLORIDA FL Zip Code: 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

(Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

P BERMONT, PETER 7301 SW 48 COURT CORAL GABLES, FLORIDA 33156	
VP POLLOCK, DORE 10320 SW 71 AVENUE MIAMI, FLORIDA 33156	
D MARTINELLI, FRAN 8420 NW S.R. 45 HIGH SPRINGS, FLORIDA 32643	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Dore Pollock ✓ 6/11/03 (305) 253-5086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #