

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90053 023 ***150.00

0183303

DOCUMENT # 478517

1. Entity Name

STEPHEN FRANK ASSOCIATES, INC.

Principal Place of Business

**2601 S BAYSHORE DR
 PENTHOUSE 1A
 MIAMI FL 33133
 US**

Mailing Address

**780 LUGO AVENUE
 CORAL GABLES FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1604334

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required.**

6. Name and Address of Current Registered Agent

**FRANK, STEPHEN
 780 LUGO AVENUE
 CORAL GABLES FL 33156**

7. Name and Address of New Registered Agent

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, 2001 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	FRANK, STEPHEN	
STREET ADDRESS	780 LUGO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANK, ELISABETH	
STREET ADDRESS	780 LUGO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANK, SABINA	
STREET ADDRESS	2666 TIGERTAIL AVE 203	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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:

Sabrina A. Frank
SABINA FRANK

4-6-2001

Date

Daytime Phone #

305-854-5500

CR2E034 (10/00)