AMENDED

FILED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

02 OCT 16 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523936

1. Entity Name

FRANMAR CORPORATION

700008440207
10/18/02--01002--024 **65.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10400 SW 187 STREET	P O BOX 970783
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33157 Country: USA	Zip: 33197 Country: USA

4. FEI Number: 59-1716761 ☐ Applied For ☐ Not Applicable

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: DORE POLLOCK

Street Address (P.O. Box Number is Not Acceptable): 10320 SW 71 AVENUE

City: MIAMI 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.

SIGNATURE: ✓ Dore Pollock 10/11/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P T
NAME	BERMONT, PETER
STREET ADDRESS	7301 SW 48 CT.
CITY-ST-ZIP	C. GBLS, FL. 3-
TITLE	VP S
NAME	POLLOCK, DORE
STREET ADDRESS	10320 SW 71 AVE
CITY-ST-ZIP	MIAMI FL 33156
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CR2E034B (12/01)

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

SIGNATURE: ✓ Dore Pollock 10/11/02 305 666 4129

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

gs 10/16/02