

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001059

1. Entity Name

FRANDOR, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DO APR 17 AM 11:43

Principal Place of Business
13662 DEERING BAY DRIVE
CORAL GABLES FL 33158

Mailing Address
13662 DEERING BAY DRIVE
CORAL GABLES FL 33158-2802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0907194

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

CRIPPEN, FRANK
13662 DEERING BAY DRIVE
CORAL GABLES FL 33158

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 *Frank Crispin*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/2000
DATE

9. Capital Contributions
as Shown on record.

\$4,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$4,273,198

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000022851
NAME FRANDOR, INC.
STREET ADDRESS 13662 DEERING BAY DRIVE
CITY - ST - ZIP CORAL GABLES FL 33158

STREET ADDRESS

CITY - ST - ZIP

600003236096-2
-05/03/00--01013--015
****543.75 ****543.75

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Frank Crispin Frank Crispin 4/13/2000 305 2381042
Date Daytime Phone #

CR2E003 (9/99)