

9/6/01-90008-049-\$150.00-\$150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000000078

Entity Name  
**FREE MANAGEMENT, INC.**  
**PRESIDENTIAL**

Principal Place of Business  
825 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

Mailing Address  
825 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 AM 10:50



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE  
**22-3693378**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name <b>SIMON NEMNI</b> Street Address (P.O. Box Number is Not Acceptable) <b>5151 COLLINS AVENUE</b> <b>Suite # 730</b> City <b>Miami Beach</b> FL Zip Code <b>33140</b>	

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 *Simon Nemni* **Simon NEMNI** 9/24/01  
(NOTE: Registered Agent signature required when renewing.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CHOURAQUI, MICHEL 825 WASHINGTON AVENUE MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD NEMNI, SIMON 825 WASHINGTON AVENUE MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 affidavit, with all other like empowered.

SIGNATURE: *Simon Nemni* **Simon NEMNI** 9/24/01 (305) 776-8332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

000059

000004 (9/01)

*Presidential Management, Inc.*

5151 COLLINS Avenue, Suite # 730. Miami Beach, FL 33140

Tel : 305-867-5234

Fax: 305-867-9301

Fee 00000008  
BOOK 3651

8/23/01

Division of Corporations  
Uniform Business Report Filings  
Tallahassee, FL

To Whom It May Concern,

Please find enclosed our 2001 UNIFORM BUSINESS REPORT we received recently.

It is requesting a \$550.00 payment. We never received the 1st report with the regular \$150.00 amount. We are requesting the authorization to pay that amount and joining a check.

Thank you, sincerely,

  
Simon NEMNI, CD