

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21040

1. Entity Name

FRANKE EUROPEAN INTERIOR DESIGN AND MANAGEMENT,

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90016 021 \*\*\*150.00

Principal Place of Business

5420 N.E. 22ND TERRACE #27  
FT. LAUDERDALE FL 33308

Mailing Address

5420 N.E. 22ND TERRACE #27  
FT. LAUDERDALE FL 33308

U0017280



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

59-2088297

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

FRANKE, HORST

5420 N.E. 22ND TERRACE #27  
FT. LAUDERDALE FL 33308

Name

Frankie Horst

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

5550 NE 29 Ave

City

FT. LAUDERDALE

FL

Zip Code

33308

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 PST  
NAME FRANKE, HORST  
STREET ADDRESS 5550 NE 29TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE D  
NAME FRANKE, HORST  
STREET ADDRESS 5550 NE 29TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)