

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F41627

1. Entity Name

FRAMA INVESTMENT CORPORATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90030 008 ***150.00

Principal Place of Business

Mailing Address

1518 STATE AVE A
HOLLY HILL FL 32117

1518 STATE AVENUE
SUITE A
HOLLY HILL FL 32117-2241
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2123507

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

MARKOVICS, HELGA J
1518 STATE AVE A
HOLLY HILL FL 32117

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 of person or printed name of registered agent and not 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, 2000 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 PD
NAME FRANCESCHI, MAURO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME MARKOVICS, HELGA
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MALVENTANO, FRANCO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME FRANCESCHI, SANTE
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME FRANCESCHI, JUAN GUIDO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURO FRANCESCHI PD

Date

Daytime Phone #

2/22/00

904 677-3741

CR2E034 (9/99)