

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90007 005 \*\*\*150.00

0011874 AV

**DOCUMENT # F41627**  
1. Entity Name  
**FRAMA INVESTMENT CORPORATION, INC.**

Principal Place of Business  
**1518 STATE AVE A  
HOLLY HILL FL 32117**

Mailing Address  
**1518 STATE AVENUE  
SUITE A  
HOLLY HILL FL 32117  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2123507**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARKOVICS, HELGA J  
1518 STATE AVE A  
HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent

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]

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCHESCHI, MAURO	
STREET ADDRESS	1518 STATE AVE #A	
CITY-ST-ZIP	HOLLY HILL, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARKOVICS, HELGA	
STREET ADDRESS	1518 STATE AVE #A	
CITY-ST-ZIP	HOLLY HILL, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALVENTANO, FRANCO	
STREET ADDRESS	1518 STATE AVE #A	
CITY-ST-ZIP	HOLLY HILL, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANCHESCHI, SANTE	
STREET ADDRESS	1518 STATE AVE #A	
CITY-ST-ZIP	HOLLY HILL, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANCHESCHI, JUAN GUIDO	
STREET ADDRESS	1518 STATE AVE #A	
CITY-ST-ZIP	HOLLY HILL, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **H. MARKOVICS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 386 677-3741

Date Daytime Phone #

CR2E034 (9/01)