

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F85607

1. Entity Name

FRELA CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90983 015 ***150.00

Principal Place of Business
 520 BRICKELL KEY DR
 OFFICE PLAZA 305
 MIAMI FL 33131

Mailing Address
 520 BRICKELL KEY DR
 OFFICE PLAZA 305
 MIAMI FL 33131-2660

2. Principal Place of Business
780 NW LE JEUNE RD.

3. Mailing Address
780 LE JEUNE RD.

Suite, Apt. #, etc.
Suite # 516

Suite, Apt. #, etc.
Suite # 516

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33126

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2203984**

Applied For
☐ Not Applicable

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

FREEMAN, STEPHEN A
 520 BRICKELL KEY DR
 OFFICE PLAZA 305
 MIAMI FL 33131

Name
AURELIO PIEDRA

Street Address (P.O. Box Number is Not Acceptable)
780 NW LE JEUNE RD # 516

City
MIAMI

FL

Zip Code
33126

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 _____ DATE _____

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	LANGESFELD, ALFREDO	520 BRICKELL KEY DR 305	MIAMI, FL 00000	<input type="checkbox"/>
AS	FREEMAN, STEPHEN A	520 BRICKELL KEY DR	MIAMI FL 33131	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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
DP	LANGESFELD, ALFREDO	780 NW LE JEUNE RD. # 516	MIAMI, FL - 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LANGESFELD, ALFREDO	780 NW LE JEUNE RD # 516	MIAMI, FL - 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-28-00** Daytime Phone # **(305) 443-7122**

CR2E034 (9/99)