2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G90870 **DOCUMENT #**

1. Entity Name

FRANCISCO'S RETIREMENT CORP.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90091 015 ***150.00

	•		•			/				
Principal Place of Business 10300 S.W. 42ND TERRACE MIAMI FL 33165		10300	Mailing Address 10300 S.W. 42ND TERRACE MIAMI FL 33165				-			
			نها المعلق المارات الم		•	_				
2. Principal	Place of Business	3. Ma	3. Mailing Address							
Suite, Apt	# etc	0	Suite, Apt. #, etc.							
Suite, Api	. π, etc.	. 5011	Solie, Apr. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City	City & State				4. FEI Number 59-2421411	├	pplied For lot Applicable	<u></u>
Zip Country		Zip	Zip Cour		try	5. Certificate of Status Desired See Required Fee Required		ditional	1	
\$ d	6. Name and Address of Currer	e and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
MILAN, SORAIDA					Name		1]
10300 S.W. 42ND TERRACE				Street Addres	Address (P.O. Box Number is Not Acceptable)					
MIAMI FL					****					1
					City		FI	Zip Coi	de	\dashv
8. The above	e named entity submits this statement	for the purp	ose of changing its re	egistere	ed office or regis	tere	d agent, or both, in the State of Florida. I am	_ 1	and accept	4
the obliga	tions of registered agent.		and or one of the control of the con	giotore	a emoc or regio		a agong or both, in the diate of Florida. Fair	i iditiilidi Willi	, and accept	
SIGNATURE	Signature, typed or printed name of registered age						·			
		nt and title if app	(NOTE: I	Registered	Agent signature requi	ired w	hen reinstating) DATE		****	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State		-		Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	0. OFFICERS AND DIRE		CTORS 11.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Delete VAZQUEZ, RAYZA 10300 SW 42ND TERRACE		☐ Delete		ET ADORESS			☐ Change	☐ Addition	CR2E034 (10/02)
TITLE	MIAMI FL 33165			—	ST-ZIP				<u></u>	2E0
NAME			☐ Delete	TITLE NAME	I			☐ Change	Addition	5
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					}
TITLE		¬	☐ Delete	TITLE	ST-ZIP			Change	Addition	-
NAME			Delete	NAME	į.			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				•	T ADDRESS ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	1
NAME STREET ADDRESS				NAME STREE	T ADDRESS					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IG OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

Change

☐ Change

Addition

☐ Addition