

2001 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # **695835**

1. Entity Name **FRANKLIN Federated Funding Corp.**
C/O Franklin Horner Address: **43 NW 27th Avenue**
Miami, FL 33125

Principal Place of Business Mailing Address
43 NW 27th Avenue
Miami, FL 33125

2. Principal Place of Business **43 NW 27th Avenue**
 Suite, Apt. #, etc. **Miami, Florida**
 City & State

3. Mailing Address **43 NW 27th Avenue**
 Suite, Apt. #, etc. **Miami, Florida**
 City & State

Zip **33125** Country **USA** Zip **33125** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Rose Horner**
 Street Address (P.O. Box Number is Not Acceptable) **43 NW 27th Avenue**
 City **Miami** FL Zip Code **33125**

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 *Rose Horner* **8-10-01**
 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	PRESIDENT	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ROSE Horner	
STREET ADDRESS			STREET ADDRESS	make title as to BE President	
CITY-ST-ZIP			CITY-ST-ZIP	43 NW 27th Ave. Miami, FL 33125	
TITLE		<input type="checkbox"/> Delete	TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Franklin Horner	
STREET ADDRESS			STREET ADDRESS	Make title as to Be Vice President	
CITY-ST-ZIP			CITY-ST-ZIP	43 NW 27th Ave. Miami, FL 33125	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Franklin M. Horner* **8-10-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

01 AUG 10 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)