

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90092 001 ***511.25

DOCUMENT # G 95835
1. Entity Name
FRANKLIN Federated FUNDING CORPORATION

DO NOT WRITE IN THIS SPACE

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, FL
City & State

DO NOT WRITE IN THIS SPACE

Zip 33125 Country U.S.A.
America

4. FEI Number ☒ Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Franklin M. Horner
Street Address (P.O. Box Number is Not Acceptable)
43 NW 27th Ave
City Miami FL 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 Franklin M. Horner 5-03-02
Signature typed or printed name of registered agent and fee 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P. NAME Franklin M. Horner
STREET ADDRESS 43 NW 27th Ave
CITY-ST-ZIP Miami FL 33125

TITLE VP NAME Rose Horner
STREET ADDRESS 43 NW 27th Ave
CITY-ST-ZIP Miami FL 33125

TITLE Forced NAME resignation
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin M. Horner 5-3-02 305 642-6624
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #