

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17550

1. Entity Name

FRANK GARY INVESTMENTS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90011 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1400 ST CHARLES PLACE #720  
8751 W. BROWARD BLVD  
PEMBROKE PINES FL 33026

1400 ST CHARLES PLACE #720  
8751 W. BROWARD BLVD  
PEMBROKE PINES FL 33026-3222

2. Principal Place of Business

3. Mailing Address

1400 St CHARLES PL.  
Suite, Apt. #, etc. 720

1400 St CHARLES PL.  
Suite, Apt. #, etc. # 720

City & State  
PEMBROKE PINES

City & State  
PEMBROKE PINES

Zip  
33026

County  
FL

Zip  
33026

County  
FL

4. FEI Number

65-0051646

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

GARY, FRANK  
1400 ST CHARLES PLACE #720  
PEMBROKE PINES FL 33026

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, 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, 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  
DP  
GARY, FRANK  
1400 ST. CHARLES PLACE  
PEMBROKE PINES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Frank Gary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00  
Date

954-431-0858  
Daytime Phone #

CR2E034 (9/99)