

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32039

1. Entity Name

FRIDAY INVESTMENTS COMPANY

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90150 015 \*\*\*550.00

Principal Place of Business

% ARAZOZA & COMAS PA  
101 MADEIRA AVE  
CORAL GABLES FL 33134-4515

Mailing Address

% ARAZOZA & COMAS PA  
101 MADEIRA AVE  
CORAL GABLES FL 33134-4515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0051972

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

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA  
2100 SALZEDO ST  
STE 300  
CORAL GABLES FL

Name

FERNANDO S. ACAN

Street Address (P.O. Box Number is Not Acceptable)

ACAN, CORREA & GUARACHA, P.A.

710 SOUTH DIXIE HIGHWAY

City

CORAL GABLES

FL

Zip Code

33146

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]*

FERNANDO S. ACAN

8/21/2000

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**

**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	PD	<input type="checkbox"/> Delete
NAME	GRANIER, MARCEL	
STREET ADDRESS	% 101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVERA, MARCO	
STREET ADDRESS	101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	PAEZ, ANTONIO	
STREET ADDRESS	101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCEL GRANIER	
STREET ADDRESS	4380 NW 128 STREET	
CITY-ST-ZIP	ORLA LOCKA, FL 33054	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO LOVERA	
STREET ADDRESS	4380 NW 128 STREET	
CITY-ST-ZIP	ORLA LOCKA, FL 33054	
TITLE	EVIT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLO CARRERA	
STREET ADDRESS	4380 NW 128 STREET	
CITY-ST-ZIP	ORLA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000 (305) 688-7475

Date

Daytime Phone #

CR2E034 (5/00)