2001 UNIFORM BUSINESS REPORT (UBR)

0273757

DOCUMENT # M79750

1. Entity Name
FRANZESE REALTY, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90056 038 ***150.00

Principal Place of Business	Mailing Address
2842 W. ABIACA CIR DAVIE FL 33328 US	2842 W. ABIACA CIR DAVIE FL 33328 US

DO NOT WRITE IN THIS SPACE

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 65-0051265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANZESE, FRANCES O.
10517 SW 53 STREET
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name FRANCES O. FRANZESE
Street Address (P.O. Box Number is Not Acceptable) 2842 W. Abiaca Cir
City Davie FL Zip Code 33328

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 FRANCES O. FRANZESE 1/09/01
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 NAME STREET ADDRESS CITY-ST-ZIP	CP FRANZESE, FRANCES O. ~~10517 SW 53 STREET~~ ~~COOPER CITY FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2842 W. Abiaca Circle Davie, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUSSMAN, ROBERTA 2842 W ABIACA CIRCLE DAVIE FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Roberta C Sussman 1/8/01 954-424-0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #