2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33729

1. Entity Name

FRANZBLAU MEMORIAL HOME, INC.



| FILED |
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| Jan 23, 2003 8:00 am |
| Secretary of State |

01-23-2003 90076 013 ****70.00

| Zip Country Zip Country S. Certificate of Status Desired S \$8.75 Additions F8.75 Additions | %AINSLEE R. F 717 PONCE DE CORAL GABLE | LEON BLVD #215 S FL 33134 | Mailing Address MAINSLEE R. FERDIE 717 PONCE DE LEON BLVD #215 CORAL GABLES FL 33134 | | | | (1814) 110 (14 | | | iif a (#)i f aa i |
|---|--|--|---|--------------------|--|-----|--------------------------------|---|---------------------------------------|---------------------------------|
| City & State Country Country S. Certificate of Status Desired S. Scribt Address of New Registered Agent Name Sitest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Status Desired Agent City FL Zip Code Status Desired Agent City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) City FL Zip Code Scribt Address (P.O. Box Number is Not Acceptable) DATI Added to Fees Full A | 2. Principal P | lace of Business | 3. Mailing Address | 3. Mailing Address | | | i 16671/91 200 1/1 | KA ELITA IRRIIK ERIORA IRRIIA IRRIIA IRRIIA | iš 41 5 11 01015 41541 010 | († 818)1 18 8) |
| Secretary Secr | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| Signature Signature Signa | City & Stat | е | City & State | | | | 4. FEI Number 65 | -0144660 | <u> </u> | oplied For |
| Name | Zip | Country Zip | | Country | | - | 5. Certificate of Sta | \$8.75 Add | \$8.75 Additional | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered Agent | | | · | 7. Name and Add | ress of New Registe | red Agent | |
| T17 PONCE DE LEON BLVD #215 CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, hybed or printed name of registered agent and title if application. (NOTE: Registered Agent signature recurred when nainctaing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | | | Name | | | | | |
| 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. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, hybrid or present name of registered agent and the if Applicable. (NOTE Registered Agent signature required when nonclainty) Part | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. 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. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, hyped or private frame of registered agent and title if applicable. | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, hyperior privated rame of registered agent and title if Applicable. (NOTE Registered Agent eignature required when reinstating) DATE | OOIVE G | ADELO I C GO IOT | | | | | | - | 1 7: 0-4 | |
| SIGNATURE Signature Types or privided name of registered agent and stell applicable. (NOTE Registered Agent signature required when reindating) DATE | | | | | City | | | | FL Zip Coo | e |
| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE DP | the obligat | ions of registered agent. | | | | | | | | |
| TITLE NAME ZABACK, EDWARD STREET ADDRESS OITY-ST-ZIP PEMBROKE PINES FL 33027-1633 TITLE TURK, MAX STREET ADDRESS CITY-ST-ZIP TITLE DV PEMBROKE PINES FL 33027-1633 Delete TITLE NAME TURK, MAX STREET ADDRESS CITY-ST-ZIP TITLE DV PEMBROKE PINES FL 33027-1636 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027-1636 TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027-1639 TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027-1639 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COLON OF C | FILE MAJON FEET IN ADJ ZO | | | | - | | | | | |
| NAME STREET ADDRESS OCTY-ST-ZIP PEMBROKE PINES FL 33027-1633 OTTILE OST TURK, MAX 13550 SW 6TH CT #A312 OTTILE ON TITLE | 10. | | RECTORS | 11. | | A | DDITIONS/CHANGE | S TO OFFICERS AN | D DIRECTORS IN | l 10 |
| TITLE DST TURK, MAX STREET ADDRESS CITY-ST-ZIP TITLE DV FEILER, BERNARD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME Street address | ZABACK, EDWARD 301 SW 135TH AVE #C301 | | NAM STRE | E et adoress | PE1 | COLONY P | OINT CIR. F | 320 | ⊠ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 — 1626 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 — 1639 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | TITLE | | | TITLE | - | 127 | COKOKE FIA | /ES, I = <u>5</u> 3 | | Addition |
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward & Washi QUIED DARD ZABACK 1-21-03 954-435-3184