2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000013957 1. Entity Name 04-16-2001 90042 004 ***158.75 FRANTASTIC RENOVATION INC. Principal Place of Business Mailing Address 2552 WILEY COURT 2552 WILEY COURT HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2552 Wile 2552 Wiley (Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Florida 65-0998206 poomining <u>ാ\|പയ</u>യാ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARREGOCES, HORACIO Street Address (P.O. Box Number is Not Acceptable) 12320 S.W. 22TH LANE **MIAMI FL 33175** Zip Code FL 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 heme of registered event and title 4 applicable. INOTE: Registered Apent Signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Change ☐ Addition resident TITLE TITLE Geneue rancis Germant. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F1 33020 CITY-ST-7IP tollywood Jice President Change ☐ Addition TITLE TITLE Delete enny Geniese 552 Wiley Cou NAME NAME \sim \circ \circ \circ \circ t STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mié TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-21P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 13. It 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 eath; 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: GENIESSZ 04-09-01 954 9763294 SIGNATURE AND TY

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FILED May 05, 2001 8:00 am Secretary of State

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