

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022057

1. Entity Name

AMERICAN FRANCHISE SERVICES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 002 ***150.00

Principal Place of Business
732 NORTH THORNTON AVENUE
ORLANDO FL 32803

Mailing Address
732 NORTH THORNTON AVENUE
ORLANDO FL 32803

716950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6001 VINELAND RD.

3. Mailing Address
P.O. BOX 2787

4. Suite/Apt. #, etc.
#121

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
WINDERMERE FLORIDA

4. FEI Number ☒ Applied For
Not Applicable

Zip
32819

Country
USA

Zip
34786

Country
USA

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

6. Name and Address of Current Registered Agent

GOLDENBERG, LAURENCE
732 NORTH THORNTON AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

6001 VINELAND RD, STE #121

City
ORLANDO

FL

Zip Code
32819

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

1/10/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARABEDIAN, EDWARD P
732 NORTH THORNTON AVENUE
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MALDONADO, VINCENT
732 NORTH THORNTON AVENUE
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDENBERG, LAURENCE
732 NORTH THORNTON AVENUE
ORLANDO FL 32803 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6001 VINELAND RD, #121
ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6001 VINELAND RD, #121
ORLANDO FL 32819

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD KARABEDIAN

Date

1-10-01

Daytime Phone #

(407) 351-5272

CR2E034 (10/00)