FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 14, 2001 8:00 am DOCUMENT # P00000040247 Secretary of State FRANMART FRAMES & GALLERY, INC. 05-14-2001 90049 033 ***150.00 Principal Place of Business Mailing Address 1940 S.W. 127 AVENUE 1940 S.W. 127 AVENUE MIAMI FL 53175 MIAMI FL 38175 2. Principal Place of Business 3. Mailing Address 67 Ave 1060 5.W. 060 5-M. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For Migny, 65-1003438 MAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, MARITZA Street Address (P.O. Box Number is Not Acceptable) 1940 S.W. 127 AVENUE **MIAMI FL 33175** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete FERNANDEZ, FRANCISCO FERNANDEZ, FRANCISCO NAME 1060 SW. 67 AVC 1940 S.W. 127 AVENUE STREET ADDRESS STREET ADDRESS Miami, FL 33144 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** FERNANDEZ, MARITZA TITI F ☐ Delete TITLE FERNANDEZ, MARITZA NAME 1060 5W. 67 AVC NAME STREET ADDRESS 1040 S.W. 127 AVENUE STREET ADDRESS Miani, FL 33144 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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