

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082710

1. Entity Name
GONZALEZ FRANCO, INC.

Principal Place of Business
**2901 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**2901 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

656698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3695674

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, GUILLERMO A
2901 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Name

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

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.

SIGNATURE

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!!! FEB 15 \$150.00
After May 1, 2002 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
**D
GONZALEZ, LUIS C
CALLE 12, #43, B-31
MEDELLIN, COLOMBIA**

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**ADRIANA GONZALEZ
VIC-PRESIDENT
6269 PALMA DEL MAR BLVD
SUITE 113 ST. PETERSBURG FL 33715**

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

SIGNATURE:

ADRIANA GONZALEZ **PRESIDENT** **4/26.02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #