

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000090779**

1. Entity Name

FRAMAR 2000, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90038 015 ***150.00

Principal Place of Business

**7597 FAIRWAY TRAIL
BOCA RATON FL 33487**

Mailing Address

**7597 FAIRWAY TRAIL
BOCA RATON FL 33487**

2. Principal Place of Business

175 SE MIZNER BLVD

Suite, Apt. #, etc.

SUITE 19

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

3. Mailing Address

175 SE MIZNER BLVD

Suite, Apt. #, etc.

SUITE 19

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1043120

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, W RODGES
4800 N FEDERAL HWY STE 33431
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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!!! 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	D	<input type="checkbox"/> Delete
NAME	DIVITO, FRANK	
STREET ADDRESS	21538 ST ANDREWS GRAN CIR	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZO, MARINES	
STREET ADDRESS	7597 FAIRWAY TRAIL	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

4/23/01

Date

(561) 367-1711

Daytime Phone #

CR2E034 (10/00)