5/23/

## FILED Aug 07, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

	MENT # P01000	0010979		$\Box$	05-23-200	2 90088 005		
1. Entity Name								
FRANCO \	/IERA MANAGEMENT COM	IPANY	•	1				
Principal Place	of Business	Mailing Address			- 10000			
16261 NW 15TH STREET		16261 NW 15TH STREET						
PEMBROKE PI	NES FL 33028	PEMBROKE PINES FL 3302	30	ļ	E PORMOGNI ME ROLDE (PART ÉRIÓ) ATAM ARMI AT	ARO 11011 <b>18</b> 11 1818 181	i <b>i</b> (8)) ( <b>88</b> )	
2. Principal Pla	ace of Business	3. Mailing Address			:			
Suite, Apt. 1	♥, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
City & State	<del></del>	City & State	н	4. F	El Number		lied For	
Ony di Ordin			Country		65-1080886	\$8.75 Addit	Applicable ional	
Zip	Country	Zip	Codinity	1	Certificate of Status Desired	Fee Required		***
	6. Name and Address of Current F	Registered Agent	Name	7. N	lame and Address of New Registers	30 Agent		
VIERA, MA	NUFL A	•	Street Add	ress (P.O. B	lox Number is Not Acceptable)	<del></del> -		
	15TH STREET		500000	Straet Audiess (F.O. Box Marinest to Very Sespending				ļ
PEMBROKE PINES FL 33028						Zip Code		
•			City		-	⁻┗   `		
8. The above the obligati	named entity submits this statement for ons of registered agent.	rthe purpose of changing its (	registered office or re	:gistered ag	ern, or both, in the State of Forton.			; 
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	; Registered Agent signature	n nedw beniupes	einstating) DA	TE		
FILE NOW!!!			!! FEE IS \$550.00	)	10. Election Campaign Financing		May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After September 13, 2002 Fee will be \$7 Make Check Payable to Department of \$		of State	State			
11.	OFFICERS AND	DIRECTORS	12.	ΑC	DITIONS/CHANGES TO OFFICERS			ন
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition	CR2E034 (4/02)
NAME STREET ADDRESS	VIERA, MANUEL A 16261 NW 15TH STREET		STREET ADDRESS		•			贸
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY+ST-ZIP			☐ Change	Addition	CR2
TITLE	VPSD FRANCO, ARYS F	Delete	TITLE NAME					
NAME STREET ADDRESS	16261 NW 15TH STREET		STREET ADDRESS			÷		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP	• /2= <==	and the second of the second	- Change	_ Addition =	l
``TITLE " NAME	TD FRANCO, HEMEL	— Delete	NAME					
STREET ADORESS	16261 NW 15TH STREET		STREET ADDRESS					{
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP			Change	Addition	
TITLE NAME	•	☐ Delete ~	TITLE NAME					
STREET ADDRESS			STREET ADDRESS			•		-
CITY-ST-ZIP			CITY-ST-ZIP		نعن . حمد ل	- Change	☐ Addition	1
TITLE NAME		Delete	NAME		•	- ·		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME					

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED

# polovoo 10979

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Attachment Document# PO1000010979 40909

DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT#1009068706

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