


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90131 030 ***158.75

DOCUMENT # P01000037388	
1. Entity Name Francesco, INC.	

DO NOT WRITE IN THIS SPACE

90138601

2. Principal Place of Business 325 Alcazar Avenue Suite, Apt. #, etc.	3. Mailing Address 325 Alcazar Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number 65-1096100	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country US	Zip 33134	Country US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Victor A. Careaga, ESQ.
*Street Address (P.O. Box Number is Not Acceptable)
2151 LeJeune Rd.
Suite 200
City
Coral Gables **FL** Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Victor A. Careaga

Victor A. Careaga, ESQ.

5/29/03

Signature, typed or printed name of registered agent and firm, if applicable.

(NOTE: Registered Agent signature required when translating)

(DATE)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Aldo Danovaro D. Sanchez 325 Alcazar Avenue Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Franco Danovaro L. Sanchez 325 Alcazar Avenue Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

Aldo Danovaro D. Sanchez

ALDO DANOVARO D. SANCHEZ

May 29 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)