

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

DOCUMENT # P01000067787

1. Entity Name

FRANCI, CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7354 SW 8th STREET

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33144

Country

USA

Zip

Country

4. FEI Number

65-1117334

Applied For

Not Applicable

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

LUCIANA J. RODRIGUEZ

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

7354 SW 8th STREET

City
MIAMI

FL

Zip Code
33144

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity adopts 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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/20/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LUCIANA J. RODRIGUEZ
7354 SW 8th STREET
MIAMI, FLORIDA 33144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600009352256
12/04/02--01065--005 **150.00

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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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002

Date

Signature Photo #

CR2E034B (12/01)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that we did not receive the U.B.R. for the year, 2002, or any other notice from the Division of Corporations in respect with my Corporation **FRANCI, CORP.**

Thank you for your courtesy in this matter.



LUCIANA J. RODRIGUEZ
PRESIDENT