

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000075364**

1. Entity Name

FRANCORP INVESTMENTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 N COMMERCE PARKWAY

Suite, Apt. #, etc.

SUITE 206

City & State

WESTON FL

Zip

33326

Country

USA

3. Mailing Address

C/O IRA L. ZUCKERMAN, PA

Suite, Apt. #, etc.

2200 N COMMERCE PKWY STE 206

City & State

WESTON FL

Zip

33326

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRA L. ZUCKERMAN

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

IRA L. ZUCKERMAN PA

2200 N COMMERCE PKWY STE 206

City

WESTON

FL

Zip Code
33326

**DO NOT WRITE
IN THIS SPACE**

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)

4/19/02
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 **DIRECTOR**
NAME **GUSTAVO A GHERSI**
STREET ADDRESS **C/O IRA L. ZUCKERMAN PA**
CITY- ST- ZIP **2200 N COMMERCE PKWY STE 206**
WESTON FL 33326

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
DATE

Date

Daytime Phone #

CR2E034B (12/01)