2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000081313 **DOCUMENT #**

1. Entity Name

FRANCO FLORIDA MGMT, INC.

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FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90028 003 ***150.00

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| 2. Frincipal Place of Business 2. Mailing Address 3. Mailing Address | | | - | | Mailing Address | | | | | | | |
| 2. Principal Pace of Business | 327 SE 7TH STREET | | | | | | | | | | | |
| Suite, Apt #, etc. Suite, Apt #, etc. City & State A. FEI Number 65-1136869 Applicable Ap | DANIA BEACH FL 33004 | | | | DANIA BEACH FL 33004 | 4 | | } | | | | |
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| City & State Ci | Z. Filiopari | Flace of Business | ; | 3. | Mailing Address | | | | | .181 19781 I(888 LIL | II 14 400 0 (4) 40 2 | |
| City & State Ci | Suite, Apt | t. #, etc. | ···. | | Suite, Apt. #, etc. | | | | | | | |
| Zip Country Zip Country | | | | | Outo, γ.μ. π, σιο. | | | | CHECK HERE IF MAKING CHANGES | | | |
| Country Zip Country Zip Country 5. Conflicate of Status Desired S8.75 Additional Foo Required F | City & Sta | ite | | | City & State | | | 4. | 4. FEI Number CE_112CDCO Applied For | | | |
| S. Certificate of Status Desired \$9 17 Anne and Address of New Registered Agent \$9 17 Anne and Address of New Registered Agent \$1 Name and Address \$1 Name an | | | | | | | | | 65-1136869 | | | |
| ALZON, ROBERT 327 SE 7TH STREET DANIA BEACH FL 33004 8. The above named onthly submits the statement for the purpose of changing its registered digent, or both, in the State of Fordia. Tambar with, and accept the obligations of registered agent. SIGNATURE Purpose Purpo | ∠ip I | Country | | | Zip Cou | | ntry | | | | | |
| ALZON, ROBERT STREET DANIA BEACH FL 33004 FL STREET DANIA BEACH FL STR | | 6. Name an | d Address of | Current Regi | Projectored A cont | | | | Fee Required | | | |
| AJZON, ROBERT 327 SE 7TH STREET DANIA BEACH FL 33004 City FL Zip Code | | o. Hame an | a Address of | Current Negr | stered Agent | **** | Name | | Name and Address of New Register | ad Agent | | |
| 27 SE 7TH STREET DANIA BEACH FL 33004 Street Address (P.O. Box Number is Not Acceptable) 10. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florida. I am far-liker with, and accept the level of the obligations of registered agent. SIGNATURE Signature loped or content area of signature in forther of the statement for the purpose of changing lits registered agent, or both, in the State of Florida. I am far-liker with, and accept the level of the obligations of registered agent. SIGNATURE | ALZON, F | ROBERT | | | | | | | . | | | |
| DANIA BEACH FL 33004 8. The above named entity submits this statement for the purpose of changing like registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the | | | | | | i | Street Address | s (P.O. | (P.O. Box Number is Not Acceptable) | | | |
| City FL Zip Code | | | | | | - | **- | | | | | |
| 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 | e 11/1 DE | | | | | L | | | | | | |
| SIGNATURE Signature Signature viped or perind raine of registered agint and stee i applicable (NOTE Registered Agent signature required when representing) Date | | | | | | City | | F | Zip Co | de | | |
| SIGNATURE Signature Signature viped or perind raine of registered agint and stee i applicable (NOTE Registered Agent signature required when representing) Date | 8. The above | e named entity su | bmits this state | ement for the | purpose of changing it | its registered | office or regist | tered a | gent, or both, in the State of Florida. I a | I ım familiar with | n, and accept | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRES | the obligat | itions of registered | d agent. | 24 | | | | | | | , | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRES | "SIGNATURE | | _ | 71 + | | | | | | | | |
| After May 1, 2003 Fee will be \$550.60 May Be Added to Fees Make Check Payable to Florida Department of State 10. | | Signature, typed or pri | nted name of registe | ered agent and title | if applicable. (NC | OTE: Registered A | gent signature requi | red when | reinstating) OAT | E | | |
| After May 1, 2003 Fee will be \$550.60 May Be Added to Fees Make Check Payable to Florida Department of State 10. | [₹] F | ILE NOW!!! F | EE IS \$150 | .00 1 | | 7 | ** | | | | **** | |
| 10. OFFICERS AND DIRECTORS IN 11 TITLE D ALZON, ROBERT Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z | After | r May 1, 2003 F | ee will be \$5 | 550.Õ0 | | | | | | | | |
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| 011 31 21 | STREET ADDRESS | | | | | | | | | | | |
| 12. Thereby 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 | | <u> </u> | | | | | | | | | | |

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 Block 11 if compowered.

SIGNATURE: