

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90323 001 ***150.00

DOCUMENT # P01000090264
1. Entity Name
Novedades Don Francisco, Inc.

635608

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
3766 N. Andrews Ave
Suite, Apt. #, etc.

3. Mailing Address
3766 N. Andrews Ave.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL.

City & State
Ft. Lauderdale, FL.

Zip
33309

Country
U.S.A.

4. FEI Number
65-1141389

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
MARK R. COLODNE

Street Address (P.O. Box Number is Not Acceptable)
9455C Boca Gardens Cir. S.

City
Boca Raton FL Zip Code
33496

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 Mark R. Colodne
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<u>P.D</u>	TITLE	
NAME	<u>Francisco Silva</u>	NAME	
STREET ADDRESS	<u>3656 N. Andrews Ave.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Oakland Park, FL. 33309</u>	CITY-ST-ZIP	
TITLE	<u>V.P. D</u>	TITLE	
NAME	<u>Evan Uribe</u>	NAME	
STREET ADDRESS	<u>7366 N. Andrews Ave.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Ft. Lauderdale, FL. 33309</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)