

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.

**DO NOT WRITE IN THIS SPACE**

635608

2. Principal Place of Business

3766 N. Andrews Ave

Suite, Apt. #, etc.

3. Mailing Address

3766 N. Andrews Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL.

City & State

Ft. Lauderdale, FL.

4. FEI Number

65-1141389

Applied For

Not Applicable

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

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

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>
NAME	<u>Francisco Silva</u>
STREET ADDRESS	<u>3656 N. Andrews Ave.</u>
CITY-ST-ZIP	<u>Oakland Park, FL. 33309</u>
TITLE	<u>V.P. i D</u>
NAME	<u>Evan Uribe</u>
STREET ADDRESS	<u>7366 N. Andrews Ave.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL. 33309</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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)