

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 007 ***150.00

DOCUMENT # *P01000096650*

1. Entity Name

FRAPA INC.

DO NOT WRITE IN THIS SPACE

653345

2. Principal Place of Business

17485 NW 67 CT

Suite, Apt. #, etc.

APE # 0

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Address

P.O. Box 170765

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33017

Country

USA

4. FEI Number

65-1156125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCISCO PAILLIE

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

17485 NW 67 CT APE # 0

City

MIAMI

FL

Zip Code

33015

**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)

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 *PSTD*
NAME *FRANCISCO PAILLIE*
STREET ADDRESS *17485 NW 67 CT APE # 0*
CITY-ST-ZIP *MIAMI, FL, 33015*

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

786-2900477

Daytime Phone #

CR2E034B (12/01)