FILED

2003 FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P02000077661 DOCUMENT # 1. Entity Name 01-21-2003 90046 018 ***150.00 FRANZ, INC. Principal Place of Business Mailing Address 1749 N.W. 126TH DRIVE 1749 N.W. 126TH DRIVE 90005983 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 Principal Place of Business 3. Mailing Address 0064 NW 5 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES €ity & State City & State 4. FEI Number Applied For 11-**してえた** 3648 19 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH W FRANZ GUARCH, J.M. JR Street Address (P.O. Box Number is Not Acceptable) ARAN CORREA & GUARCH, P.A. 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 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. I am familiar with, and accept the obligations of registe ed agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Director CR2E034 (10/02) Addition FRANZ, JOSEPH W JR NAME NAME FRANZ, NANCY 1749 NW 126 DKINE 1749 N.W. 126TH DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIF CITY-ST-ZIP CORAL Springs, FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP .. Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report are equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.