

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90123 048 ***150.00

DOCUMENT # P02000079765

1. Entity Name
FRANCESCA ROMANA INC.



Principal Place of Business
**5310 NORTH BAY RD.
MIAMI BEACH FL 33140**

Mailing Address
**5310 NORTH BAY RD.
MIAMI BEACH FL 33140**

30030703



2. Principal Place of Business
350 WASHINGTON AVE

3. Mailing Address
350 WASHINGTON AVE

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.
SUITE 1

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country

Zip
33139

Country

4. FEI Number
52-2371008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAGLIANI, BRUNO
5310 NORTH BAY RD.
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GAGLIANO, NOREEN
5310 NORTH BAY RD.
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GAGLIANO, BRUNO
5310 NORTH BAY RD.
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/03

Date

305-695-2670

Daytime Phone #

CR2E034 (10/02)