

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

04-30-2003 90144 010 ***150.00

DOCUMENT # P02000132841

1. Entity Name
FRANCE TALON, P.A.



Principal Place of Business
20803 BISCAYNE BLVD. SUITE 301
AVENTURA FL 33180

Mailing Address
20803 BISCAYNE BLVD. SUITE 301
AVENTURA FL 33180

33000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
03 0500426

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J ESQ.
20803 BISCAYNE BLVD. SUITE 301
AVENTURA FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0- MARCUS, ALAN J 20803 BISCAYNE BLVD. SUITE 301 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D FRANCE TALON 11600 NE 10TH AVE MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/03

305 937-1800

Date Daytime Phone #

CR2E034 (4/03)

Attachment

ALAN J. MARCUS
ATTORNEY AT LAW
OPERATING ACCOUNT
20803 BISCAYNE BLVD. SUITE 301
AVENTURA, FL 33180-1429

NORTHERN TRUST BANK
OF FLORIDA, N.A.
63-965/680

3867

4/28/2003

55050486
#P02000132841

PAY TO THE ORDER OF Secretary of State \$ *****150.00

One Hundred Fifty and no/100 *****
010120319 0666 1506 06 05-09-03 DOLLARS

Secretary of State
Secretary of State

020360978 2198 2482 00 05-09-03

M. J. [Signature]

MEMO Herfran, Inc.

AUTHORIZED SIGNATURE

⑈003867⑈ ⑆066009650⑆ ⑆710004626⑈

⑈0000015000⑈

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FEDERAL RESERVE BANK OF ATLANTA

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010120319 05-09-03

066000109
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BANK OF AMERICA, N.A. JAL
10630000474 E5076 90 110
05/08/03

MAY - 8 03

02265 53299

DO NOT SIGN, WRITE, OR MARK BELOW THIS LINE
FOR FEDERAL RESERVE BANK OF ATLANTA
APR 30 2003

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796