

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90002 030 ***150.00

05/15/71 AT

DOCUMENT # P07691

1. Entity Name
FLORIDA ROWING CENTERS, INC.

Principal Place of Business

~~12105 FOREST HILL BLVD.~~
WELLINGTON FL 33414
US

Mailing Address

1140 FIFTH AVE.
SUITE 8A
NEW YORK NY 10128
US

2. Principal Place of Business

11863 WIMBLEDON CIRCLE
Suite, Apt. #, etc. Unit 449

3. Mailing Address

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State

Zip
33414

Country
US

Zip

Country

4. FEI Number
59-2585233

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRAIMAN, ARNOLD GUY
11863 WIMBLEDON CIRCLE, UNIT 449
13198 FOREST HILL BLVD.
W. PALM BEACH FL 33414

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FRAIMAN, ARNOLD GUY
1140 FIFTH AVENUE
NEW YORK NY ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VST
FRAIMAN, GENEVIEVE L.
1140 FIFTH AVENUE
NEW YORK NY ☐ Delete

TITLE
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FRAIMAN, GENEVIEVE L.
1140 FIFTH AVENUE
NEW YORK NY ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/08/02
NY 996-1196

CR2E034 (9/01)