

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90052 035 ***150.00

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DOCUMENT # P94000023413

1. Entity Name
FRISCO NORTH, INC.

Principal Place of Business

MENDOZA AND CALLAS
251 ROYAL PALM WAY, #602
PALM BEACH FL 33480
US

Mailing Address

MENDOZA AND CALLAS
251 ROYAL PALM WAY, #602
PALM BEACH FL 33480
US

80098967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0474122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
6TH FL
PALM BEACH FL 33480

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G. III	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FL	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, DEBRA	
STREET ADDRESS	261 ROYAL PALM WAY, 6TH FL	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARAGON, JOHN F	
STREET ADDRESS	251 ROYAL PALM WAY STE 602	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRONS, G. CHESTER	
STREET ADDRESS	251 ROYAL PALM WAY, STE 602	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Mario G. de Mendoza III, President** **3/26/02** (561) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)