

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90110 019 ***150.00

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
12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414



2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address

Suite, Apt. #, etc.
Suite 1302

Suite, Apt. #, etc.

City & State
Wellington, Florida

City & State

Zip
33414

Country
US

Zip

Country

4. FEI Number **65-0474122**

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

DE MENDOZA, MARIO G III
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name
Mario G. de Mendoza, III, P.A.
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302
City
Wellington **FL** Zip Code
33414

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 **Mario G. de Mendoza, III, President**

DATE **01/15/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D de Mendoza, Mario G, III 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST de Mendoza, Mario G, III 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maragon, John F 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Irons, G. Chester 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input 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

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 like empowered.

SIGNATURE: **Mario G. de Mendoza, III, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/15/03** (561) 784-2930

DATE Daytime Phone #

CR2E034 (10/02)