

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90110 018 ***150.00

DOCUMENT # P94000024323

1. Entity Name
FRISCO SOUTH, INC.



Principal Place of Business
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON FL 33414
US**

Mailing Address
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON FL 33414
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0475575**

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 SUITE 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

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	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* **Mario G. de Mendoza, III, President** 01/15/03

(561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)