

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029880

1. Entity Name

FRANCMAR, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90057 005 ***163.75

Principal Place of Business

1051 NW 106TH AVENUE
PLANTATION FL 33322
US

Mailing Address

1051 NW 106TH AVENUE
PLANTATION FL 33322-6936
US

2. Principal Place of Business

Plantation
1400 NW 108 AVE. FL 33322 US

3. Mailing Address

P.O. Box 15286 Plantation FL 33318

Suite, Apt. #, etc.

Apartment # 262

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

Zip

33322

Country

U.S.A

Zip

33322

Country

U.S.A

4. FEI Number

65-0484642

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, FRANCISCO H
1051 NW 106 AVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

VASQUEZ, FRANCISCO H.

Street Address (P.O. Box Number is Not Acceptable)

1400 N.W. 108 AVE. APT# 262

City

PLANTATION,

FL

Zip Code

33322

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, MARINA	
STREET ADDRESS	1051 NW 106 AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, FRANCISCO H	
STREET ADDRESS	1051 NW 106 AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ MARINA	
STREET ADDRESS	1400 NW 108 AVE. APT. 262	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ FRANCISCO	
STREET ADDRESS	1400 N.W. 108 AVE. APT 262	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO H. VASQUEZ 3/27/00 (954) 474-1370

Date

Daytime Phone #