

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90005 009 ***558.75

DOCUMENT # P94000029880

1. Entity Name
FRANCMAR, INC.

Principal Place of Business

~~1400 NW 108 AVE~~
~~APT 262~~
~~PLANTATION FL 33322~~
~~US~~

Mailing Address

~~PO BOX 15286~~
~~PLANTATION FL 33322~~
~~US~~

2. Principal Place of Business
3608 N.W. 122nd Terrace

Suite, Apt. #, etc.

3. Mailing Address
3608 N.W. 122nd Terrace

Suite, Apt. #, etc.

City & State
SUNRISE FL

Zip
33323

Country
USA

City & State
SUNRISE, FL 33323

Zip
33323

Country
USA

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
1400 NW 108 AVE
APT 262
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name **VASQUEZ, FRANCISCO H.**
Street Address (P.O. Box Number is Not Acceptable)
3608 N.W. 122nd TERRACE
City **SUNRISE** **FL** **Zip Code** **33323**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 checked="" type="checkbox"/> Delete
NAME	VASQUEZ, MARINA	
STREET ADDRESS	1400 NW 108 AVE APT 262	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, FRANCISCO H	
STREET ADDRESS	1400 NW 108 AVE APT 262	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, MARINA	
STREET ADDRESS	3608 N.W. 122nd TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, FRANCISCO H.	
STREET ADDRESS	3608 N.W. 122nd TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/00

Date

(954) 746-8380

Daytime Phone #

0118047 AT

CR2E034 (5/01)

Attachment

A0078793

Doc. # P94000029880

New address - Please

3608 NW 122nd TERRACE

SUNRISE, FL 33323