

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P95000022628

1. Entity Name

FRAN'TEL, INC.

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-26-2000 90075 012 ***150.00

Principal Place of Business

Mailing Address

12277 S.W. 129TH COURT
MIAMI FL 33186
US

12277 S.W. 129TH COURT
MIAMI FL 33186-6435
US

2. Principal Place of Business

3. Mailing Address

15280 SW 153 Street
Suite, Apt. #, etc.

15280 SW 153 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL
Zip 33187 Country US

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Miami FL
Zip 33187 Country US

4. FEI Number

65-0543807

Applied For

Not Applicable

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

ARAZOZA, CARLOS C
101 MADEIRA AVE
CORAL GABLES FL 33134

Name

Javier E. Cespedes

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

12277 SW 129 Court

City

Miami

FL

Zip Code

33186

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)

5/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CESPEDES, MINERVA C	
STREET ADDRESS	15401 SW 143RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CESPEDES, JAVIER F	
STREET ADDRESS	15401 SW 143RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-29-00 305-987-5539