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# 9. This corporation is eligible to satisfy its intangible

SIGNATURE

# Tax filing requirement and elects to do so.

### TITLE NAME

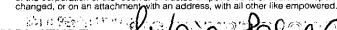
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### 2000 UNIFORM BUSINESS REPORT (UBR)

### DOCUMENT # P95000074872 1. Entity Name

Country ---

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

## FRANCESKA INC.

Principal Place of Business

Mailing Address

319 WORTH AVENUE PALM BEACH FL 33480

2. Principal Place of Business

POSNER, SYLVIA

319 WORTH AVENUE PALM BEACH FL 33480

Suite, Apt. #, etc.

City & State

Zip

319 WORTH AVENUE PALM BEACH FL 33480-4616

3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number Country . - Zip----

FILE NOW!!! FEE IS \$150.00

5. Certificate of Status Desired

7. Name and Address of New Registered Agent Name

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

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.

(NOTE: Registered Agent signature required when reinstating) DATE

10. Election Campaign Financing \$5.00 May Be 

FILED

Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90104 015 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

65-0616067

B0007186

Applied For

Not Applied

\$8.75 Additional

Zip Code

Fee Required

After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change □ Delete TITLE POSNER, SYLVIA NAME STREET ADDRESS 319 WORTH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS DORESS CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS DRESS CITY-ST-ZIP ZIP ☐ Change Addition ☐ Delete 7)7) F TITLE NAME STREET ADDRESS RESS CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

STREET ADDRESS

TITLE NAME

☐ Delete

☐ Addition

☐ Change