

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90012 044 \*\*\*150.00

**DOCUMENT # P95000094360**

1. Entity Name  
**FRANFI & SONS, INC.**

Principal Place of Business      Mailing Address  
 6471 S.W. 42ND STREET      6471 S.W. 42ND STREET  
 MIAMI FL 33155      MIAMI FL 33155-5113

2. Principal Place of Business      3. Mailing Address  
*8411 NW 8 ST #204*      *8411 NW 8 ST #204*

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*#204*      *#204*  
 City & State      City & State  
*MIAMI*      *FL*

Zip      Country      Zip      Country  
*33126*      *DADE*      *33126*      *DADE*



DO NOT WRITE IN THIS SPACE

4. FEI Number      **NOT APPLICABLE**      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

**FIGUEROA, FRANCISCO**  
 6471 S.W. 42ND STREET  
 MIAMI FL 33155

Name *FRANCISCO FIGUEROA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*8411 NW 8 ST*  
*#204*  
 City *MIAMI FL*      Zip Code *33126*

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]*      DATE *01-18-2000*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FIGUEROA, FRANCISCO</b>	
STREET ADDRESS	<b>6471 S.W. 42ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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]*      DATE: *01-24-2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)