

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90079 001 \*\*\*158.75

**DOCUMENT # P96000007463**

1. Entity Name

**FRAMES EXPRESS, INC.**

Principal Place of Business

Mailing Address

2545 W. 80 ST.

15470 NW 77 COURT

MIAMI LAKES FL 33016-5823

US

#10

FL 33016

US

2. Principal Place of Business

15470 NW 77 CT.

3. Mailing Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

4. FEI Number

65-0639119

Applied For

Not Applicable

Zip

33016

Country

Zip

Country

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

Name

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

City

FL

Zip Code

MENENDEZ, JULIO G

19260 SW 2 STREET

PEMBROKE PINES FL 33029

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

2/24/00

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 P  
 NAME MENENDEZ, JULIO G  
 STREET ADDRESS 19260 SW 2ND STREET  
 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VPT  
 NAME ~~MORALS, GABRIEL~~ CORRECTION  
 STREET ADDRESS 7150 LAUREL LN SHOULD BE  
 CITY-ST-ZIP MIAMI LAKES FL 33014 GABRIEL G. MORALES.

TITLE VPS  
 NAME MENENDEZ, GERARDO  
 STREET ADDRESS 13045 CORONADO LANE  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE  
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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

Date

Daytime Phone #

JULIO G MENENDEZ

2/24/00

(305) 362-6583

CR2E034 (9/99)