

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007463

1. Entity Name

FRAMES EXPRESS, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90099 021 ***150.00

Principal Place of Business

15470 NW 77 CT
HIALEAH FL 33016
US

Mailing Address

15470 NW 77 CT
HIALEAH FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0639119

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

MENENDEZ, JULIO G
19260 SW 2 STREET
PEMBROKE PINES FL 33029

Name

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

City

FL

Zip Code

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing - ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPT
STREET ADDRESS MORALES, GABRIEL
CITY-ST-ZIP 7150 LAUREL LN
MIAMI LAKES FL 33014

TITLE ☒ Change ☐ Addition
NAME GABRIEL
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6860 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/01

Daytime Phone #

305-362-6583

CR2E034 (10/00)