

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0295918 AV

DOCUMENT # P96000013221

1. Entity Name

Frame Place, Inc.



FILED

03 JAN 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
903 SW 87 AVE.
MIAMI FL 33174
US

Mailing Address
903 SW 87 AVE.
MIAMI FL 33174
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 65-0689744

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

LEMONS, FABIO
15956 SW 147 NE.
MIAMI FL 33196

Name Fabio Lemos

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

15956 SW 147 LANE

City Miami

FL

Zip Code 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FABIO LEMOS OWNER

01-15-03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME LEMOS, FABIO J
STREET ADDRESS 15956 SW 147 LANE
CITY-ST-ZIP MIAMI FL 33196

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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02/11/03--01070--012 **150.00

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF FABIO LEMOS

01-15-03

305-2670203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)