2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 6865 SW 18TH ST

3. Mailing Address

BOCA RATON FL 33433-7057

STE 10

DOCUMENT # **P96000065415**

6865 SW 18TH ST

BOCA RATON FL 33433

STE 10

us

Principal Place of Business

2. Principal Place of Business

FRANDA PROPERTIES, INC.

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0697089 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAVILIO, FRANK Street Address (P.O. Box Number is Not Acceptable) 6865 SW 18TH **STE 10 BOCA RATON FL 33433** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE NAVILIO, DANIEL NAME NAME STREET ADDRESS 6865 SW 18TH ST, STE 10 STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition TITLE ☐ Delete NAVILIO, FRANK NAME NAME STREET ADDRESS 6865 SW 18TH ST, STE 10 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change ☐ Addition ↓ - □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90041 050 ***158.75



Change Addition

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

- Trible (1) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FRANK NAVILIO 2/29/00 561 347-6460