

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90034 030 ***150.00

DOCUMENT # P96000066589

1. Entity Name
FRANDI, INC.

Principal Place of Business
17375 JAMAICA LANE
SUGARLOAF KEY FL 33042

Mailing Address
PO BOX 430513
BIG PINE KEY FL 33043

2. Principal Place of Business
27412 ANGUILLA LN
 Suite, Apt. #, etc.

3. Mailing Address
27412 ANGUILLA LN
 Suite, Apt. #, etc.

City & State
RAMROD KEY FL

City & State
RAMROD KEY FL

Zip
33042

Country
USA

Zip
33042

Country
USA

4. FEI Number **65-0685737**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ZERBI, ANTONIO G
157 CARAMBOLA LANE
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent
 Name **JEFFREY B. MEYER**
 Street Address (P.O. Box Number is Not Acceptable)
31211 ANGLE A
 City **BIG PINE KEY FL** Zip Code **33043**

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]* **JEFFREY B. MEYER** **2.27.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZERBI, ANTONIO 15 CARABOLA LANE SUMMERLAND KEY FL 33042	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIER, HOWARD 8569 HOLLOWAY DRIVE LOS ANGELES CA 90069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P EDWARD UPMAL 27412 ANGUILLA LN RAMROD KEY, FL. 33042	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T GARE UPMAL 27412 ANGUILLA LN RAMROD KEY, FL. 33042	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P EDWARD UPMAL 27412 ANGUILLA LN RAMROD KEY, FL. 33042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T GARE UPMAL 27412 ANGUILLA LN RAMROD KEY, FL. 33042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **Edward A. Upmal** **305-872-0366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)