

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035532

1. Entity Name

FRENCHVILLE, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90183 026 \*\*\*150.00

Principal Place of Business

799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131

Mailing Address

799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131-2805

2. Principal Place of Business

% George D. Perlman, P.A.

Suite, Apt. #, etc. Suite 3000  
 701 Brickell Ave.

City & State  
 Miami, Florida

Zip  
 33131

Country  
 U.S.A.

3. Mailing Address

% George D. Perlman, P.A.

Suite, Apt. #, etc. Suite 3000  
 701 Brickell Ave.

City & State  
 Miami, Florida

Zip  
 33131

Country  
 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750571

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.  
 799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name GEORGE D. Perlman, P.A.

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

Suite 3000

City Miami

FL

Zip Code 33131

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

George D. Perlman, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

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

TITLE PTSD  
 NAME CISNEROS, ELA  
 STREET ADDRESS C/O 799 BRICKELL PLAZA SUITE #900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VP  
 NAME URDANETTA, MARIELLA CISNE  
 STREET ADDRESS C/O 799 BRICKELL PLAZA SUITE 900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD  
 NAME CISNEROS, ELA  
 STREET ADDRESS C/O George D. Perlman, P.A.  
 CITY-ST-ZIP 701 Brickell Ave, Suite 3000 MIAMI, Florida 33131 ☒ Change ☐ Addition

TITLE VP  
 NAME URDANETTA, MARIELLA CISNE  
 STREET ADDRESS C/O George D. Perlman, P.A.  
 CITY-ST-ZIP 701 Brickell Ave, Suite 3000 MIAMI, Florida 33131 ☒ Change ☐ Addition

TITLE VP-S  
 NAME MARTHA VARGAS  
 STREET ADDRESS C/O GEORGE D. PERLMAN, P.A.  
 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FLORIDA 33131 ☐ Change ☒ Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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.

SIGNATURE:

ELA CISNEROS, PRESIDENT

Date

4/19/00

Daytime Phone #

CR2E034 (9/99)