

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060513

1. Entity Name

FRANJINHAS INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90097 037 ***150.00

0323745

Principal Place of Business Mailing Address
270 SEABREEZE CIRCLE 270 SEABREEZE CIRCLE
JUPITER FL 33477 JUPITER FL 33477

2. Principal Place of Business 3. Mailing Address
17656 FAIRFAX LANE 17656 FAIRFAX LANE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
STRONGSVILLE, OHIO STRONGSVILLE, OHIO

Zip Country Zip Country
44136 USA 44136 USA

4. FEI Number 65-0768175 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

LIPSYC-ARROYO, CLARA
270 SEABREEZE CIRCLE
JUPITER FL 33477

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 principal 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 Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LIPSYC-ARROYO, CLARA
STREET ADDRESS 270 SEABREEZE CIRCLE
CITY-ST-ZIP JUPITER FL 33477

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

TITLE D ☐ Delete
NAME ARROYO, STEVEN
STREET ADDRESS 270 SEABREEZE CIRCLE
CITY-ST-ZIP JUPITER FL 33477

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
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TITLE ☐ Delete
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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: VICE PRESIDENT / TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 4404631523
Date Daytime Phone #

CR2E034 (10/00)