

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066533

1. Entity Name

FRAM FED EIGHT, INC.

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

03-04-2000 90044 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 N FEDERAL HWY

1500 N FEDERAL HWY

200

200

FT. LAUDERDALE FL 33306

FT. LAUDERDALE FL 33304-1432

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

65-0771286

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

MASTRIANA, F. RONALD  
 2750 N. FEDERAL HWY.  
 FT. LAUDERDALE FL 33306

Name

MASTRIANA, F. Ronald Esq.

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

1500 N. Federal Hwy  
 Suite 200

City

Ft. Lauderdale, FL

FL

Zip Code

33304

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
 NAME MASTRIANA, F. RONALD  
 STREET ADDRESS 2750 N. FEDERAL HWY.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE DP ☒ Change ☐ Addition  
 NAME MASTRIANA, F. Ronald  
 STREET ADDRESS 1500 N. Federal Hwy, Ste 200  
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE DVT ☐ Delete  
 NAME SOLAL, ALEXANDRA  
 STREET ADDRESS 2750 N. FEDERAL HWY.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE DVT ☒ Change ☐ Addition  
 NAME mastriana-Solal, Alexandra  
 STREET ADDRESS 1500 N. Federal Hwy Ste 200  
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE DVS ☐ Delete  
 NAME MASTRIANA, BRIEN  
 STREET ADDRESS 2750 N. FEDERAL HWY.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE DVS ☒ Change ☐ Addition  
 NAME mastriana, Brien  
 STREET ADDRESS 1500 N. Federal Hwy Ste 200  
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

954-566-1234

Daytime Phone #

CR2E034 (9/99)