

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90038 006 ***150.00

DOCUMENT # P97000090991

1. Entity Name

FRANKLIN REALTY AND MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~6757 N.W. 167 ST. SUITE F-21~~
MIAMI FL 33015

~~6757 N.W. 167 ST. SUITE F-21~~
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

6187 NW 167 ST

6187 NW 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT H36

UNIT H36

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33015

MIAMI-DADE

33015

MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, CARL

6157 N.W. 167 ST. SUITE F-21

MIAMI FL 33015

Name

FRANKLIN, CARL

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

6187 NW 167 ST

UNIT H-36

City

MIAMI

FL

Zip Code
33015

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

Carl Franklin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

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, 2002 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 **PST** ☐ Delete
NAME **FRANKLIN, CARL**
STREET ADDRESS **6157 N.W. 167 ST. SUITE F-21**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☒ Change ☐ Addition
NAME **6187 NW 167 ST, H36**
STREET ADDRESS **MIAMI, FL 33015**
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
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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:

Carl Franklin President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 305 827-7000

Date

Daytime Phone #

CR2E034 (9/01)