

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90864 009 ***150.00

DOCUMENT # P97000092990

1. Entity Name
FRAIGOLA CORPORATION

Principal Place of Business
 11502 S.W. 6TH TERRACE
 MIAMI FL 33174

Mailing Address
 11502 S.W. 6TH TERRACE
 MIAMI FL 33174-1000

2. Principal Place of Business
 11502 SW 6TH TERRACE MIAMI
 FL 33174

3. Mailing Address
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI FLORIDA

City & State
 MIAMI FLORIDA

4. FEI Number **65-0790669**

Applied For
 Not Applicable

Zip
 33174

Country

Zip
 33174

Country

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

LOPEZ, OCTAVIANO
 11502 S.W. 6TH TERRACE
 MIAMI FL 33174

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 registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	LOPEZ, OCTAVIANO	
STREET ADDRESS	11502 S.W. 6TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **OCTAVIANO LOPEZ** *Octaviano Lopez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 **(305) 2202117** nights
 Date Daytime Phone #

CR2E034 (9/99)