2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

Principal Place of Business

14951 S.W. 70TH STREET

P98000073343

Mailing Address

14951 S.W. 70TH STREET

1. Entity Name

FRAMORS TRADING, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90249 050 ***150.00

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MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0216557 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired · Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 14951 S.W. 70TH STREET **MIAMI FL 33193** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE:1S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MORALES, FRANKLIN NAME NAME STREET ADDRESS 14951 S.W. 70TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KHAFURK! SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR