

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0160073 AV

DOCUMENT # P98000078104

1. Entity Name
FRANKLIN RESOURCES, INC.

02-14-2002 90057 002 ***158.75

Principal Place of Business

**19445 S.W. 14 ST.
PEMBROKE PINES FL 33029
08**

Mailing Address

**19445 S.W. 14 ST.
PEMBROKE PINES FL 33029
08**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0862175**

Applied For
Not Applicable

Zip

Country

Zip

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

PUTTERMAN, MARC

19445 S.W. 14 ST.

PEMBROKE PINES FL 33029

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

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, 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

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**P & SECT
PUTTERMAN, MARC
19445 S.W. 14 ST.
PEMBROKE PINES FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**VP & TREASURER
PUTTERMAN, JACQUELINE
19445 S.W. 14 ST.
PEMBROKE PINES FL 33029**

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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

MARC PUTTERMAN

1-31-02

954-450-7251

Date

Daytime Phone #

CR2E034 (9/01)