

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 014 ***150.00

DOCUMENT # P98000083622

1. Entity Name
FRANGIO & RU-NI INC.



Principal Place of Business
**600 THACKER AVE
SUITE D 35
KISSIMMEE FL 34741**

Mailing Address
**1700 GOLDEN POPPY CT.
ORLANDO FL 32824**

2. Principal Place of Business

600 THACKER AVE

3. Mailing Address

600 THACKER AVE

Suite, Apt. #, etc.

D-43

Suite, Apt. #, etc.

D-43

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

U.S.A.

Zip

34741

Country

U.S.A.

4. FEI Number

59-3535190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANGIONI, RUBEN
1700 GOLDEN POPPY CT.
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **RUBEN FRANGIONI**
Street Address (P.O. Box Number is Not Acceptable) **600 THACKER SUITE D-43**
City **KISSIMMEE, FL** Zip Code **34741**

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 IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRANGIONI, RUBEN A**
STREET ADDRESS **1700 GOLDEN POPPY CT.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **FRANGIONI, ELIDA B**
STREET ADDRESS **1700 GOLDEN POPPY CT.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUBEN FRANGIONI 4.18.2003 / 407/344767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)