

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099627

1. Entity Name
FRENEL AGENCIES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90043 039 ***158.75

Principal Place of Business

Mailing Address

~~3701 N.W. S RIVER DRIVE~~
~~MIAMI FL 33142~~

~~PO BOX 14-4977~~
~~CORAL GABLES FL 33144-4977~~

2. Principal Place of Business

3. Mailing Address

248 MAJORCA AVE

PO BOX 14-4977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

4. FEI Number

65-0881169

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONSTANTINO, ALEJANDRO C
728 SW 100TH CT CIRCLE
MIAMI FL 33174

7. Name and Address of New Registered Agent

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

APRIL 29, 2001

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, 2001 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

TITLE **PD** ☐ Delete
NAME **ALVARADO, NELSON**
STREET ADDRESS **6250 N.W. 103 ST., #321**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TD** ☐ Delete
NAME **PINO, JAMEL**
STREET ADDRESS **8074 S.W. 205 TERR.**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **SD** ☐ Delete
NAME **ALVARADO, FREDY**
STREET ADDRESS **2747 ANDERSON RD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
NAME
STREET ADDRESS **248 MAJORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2001

Date

(305) 636-4101

Daytime Phone #

CR2E034 (10/00)

0140666