2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000100801** Feb 28, 2001 8:00 am Secretary of State FRANCO PARTNERS, INC. 02-28-2001 90068 046 ***150.00 Principal Place of Business Mailing Address 2875 NE 191ST STREET 2875 NE 191ST STREET SUITE 904 SUITE 904 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0881550 Applied For Not Applicable Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zin 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change Addition FRANCO, ALBERTO NAME NAME STREET ADDRESS 2875 NE 191ST STREET #904 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

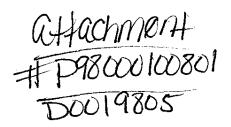
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changed, or on an attachment with an add áll other like empowered. SIGNATURE: OFFICER OF DIRECTOR Date Daytime Phone #

KAUFMAN, ROSSIN & CO

Professional Association CERTIFIED PUBLIC ACCOUNTANTS 2699 South Bayshore Drive Miami, Florida 33133

Miami (305) 858-5600 Telefax (305) 856-3284



INSTRUCTION SHEET

ANNUAL UNIFORM BUSINESS REPORT

Date:

CLIENT:

FRANCO PARTNERS, INC.

YEAR:

2001

FORM: UBR

GENERAL

Retain the attached copy after noting on it the signature and mailing date of the enclosed original.

SIGNATURE

An authorized officer of the corporation (or payor) must sign, title and date the **Uniform Business Report.**

DUE DATE

The Uniform Business Report must be mailed on or before May 1, 2001.

MAIL TO

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

PAYMENTS

- [] There is no payment due with this return.
- [X] A check in the amount of \$150.00 payable to Department of State should be attached to the report.