

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-03-2000 90003 016 ***150.00

DOCUMENT # **P99000009528**

Entity Name

FRAY ANGELICO studios, INC R

Principal Place of Business Mailing Address
330 N CONGRESS AVE DADE
DEL REY Beach
FL 33445

Principal Place of Business 3. Mailing Address
State, Apt # etc Suite, Apt #, etc
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0895560** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JUAN G SALDARRIAGA
330 N CONGRESS AVE
DEL REY Beach, FL 33445

7. Name and Address of New Registered Agent
Name
Street Address (PO Box Number is Not Acceptable)
City FL Zip Code

8. The above filer hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE **Juan Saldarriga**
(Type or print name of filer or filer's authorized agent and filer's address) (NOTE: Registered Agent signature required when applicable) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PO Saldarriga, Juan G.	<input type="checkbox"/>
NAME	7825 CAMINO REAL STE. J 105	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(b), 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 partner 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: **Juan Saldarriga**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR