

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90202 019 ***150.00

DOCUMENT # P99000009528

1. Entity Name

FRAY ANGELICO STUDIOS, INC.

Principal Place of Business

**491 W. COMINO RIOL
 STE 2
 BOCA RATON FL 33432**

Mailing Address

**491 W. COMINO RIOL
 STE 2
 BOCA RATON FL 33432**

2. Principal Place of Business

491 W. CAMINO REAL

3. Mailing Address

491 W. CAMINO REAL

Suite, Apt. #, etc.

STE 2

Suite, Apt. #, etc.

STE 2

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A

Zip

33432

Country

U.S.A

4. FEI Number

65-0895560

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SALDARRIAGA, JUAN G
 491 COMINO RIOL #2
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

SALDARRIAGA, JUAN G

Street Address (P.O. Box Number is Not Acceptable)

491 W. CAMINO REAL, STE 2

City

BOCA RATON

FL

Zip Code

33432

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

Juan Saldarriaga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/02

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

TITLE **PD** ☒ Delete
 NAME **SALDARRIAGA, JUAN G**
 STREET ADDRESS **491 W. COMINO RIOL**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **SALDARRIAGA, JUAN G**
 STREET ADDRESS **491 W. CAMINO REAL #2**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

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

TITLE ☐ Change ☐ Addition
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 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:

Juan Saldarriaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

Date

(561) 393-6246

Daytime Phone #

CR2E034 (9/01)