

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90007 020 ***550.00

0117741 AT

DOCUMENT # P99000014566

1. Entity Name
FRANCISCO'S BUILDING SERVICES, INC.

Principal Place of Business Mailing Address
770 NE 195TH STREET, #208 P.O. BOX 800644
NORTH MIAMI BEACH FL 33179 AVENTURA FL 33280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **18900 NE 14th Ave.** 3. Mailing Address **P.O. Box 800736**

Suite, Apt. #, etc. **203** Suite, Apt. #, etc.

City & State **North Miami Beach, FL** City & State **Aventura, FL**

Zip **33179** Country **USA** Zip **33280** Country **USA**

4. FEI Number **65-0897065** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENZER, MARK
1840 WEST 49TH STREET
SUITE 411
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
Ste. 411
 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]
 Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☒ Delete
 NAME **TORIBIO, FRANCISCO R**
 STREET ADDRESS **P.O. BOX 800644**
 CITY-ST-ZIP **AVENTURA FL 33280**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **D** ☐ Change ☐ Addition
 NAME **Toribio, Francisco R.**
 STREET ADDRESS **P.O. Box 80-0736**
 CITY-ST-ZIP **Aventura, FL 33280**

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

TITLE ☐ Change ☐ Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/01 **(305) 651-3047**
 Date Daytime Phone #

(1/01) 1502E034