2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90093 004 ***150.00

DOCUMENT # P99000036291

1. Entity Name
FRANKURT CORPORATION

Principal Place of Business	Mailing Address
19101 MYSTIC POINTE DRIVE 200/2512 AVENTURA FL 33180	19101 MYSTIC POINTE DRIVE 200/2512 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9553 Harding Avenue		9553 Harding Avenue	
Suite, Apt. #, etc. Ste 203		Suite, Apt. #, etc. Ste 203	
City & State Surfside		City & State Surfside	
Zip FL	Country 33154	Zip FL	Country 33154

4. FEI Number 65-0912478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELAROSA, SIDNEY
19101 MYSTIC POINTE DRIVE 200/2512
AVENTURA FL 33180

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAROSA, SIDNEY 19101 MYSTIC POINTE DRIVE 200/2512 AVENTURA FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCINE DELAROSA 9553 HARDING AVENUE SUITE 203 SURFSIDE FL. 33154 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 1-15-01 (305) 867-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #