

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037353

1. Entity Name

FRADA, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90037 012 \*\*\*150.00

Principal Place of Business

Mailing Address

300 OTTAWA AVE., N.W., STE. 150  
 GRAND RAPIDS MI 49503

300 OTTAWA AVE., N.W., STE. 150  
 GRAND RAPIDS MI 49503-2336

2. Principal Place of Business

8846 S.W. 129<sup>TH</sup> TER

3. Mailing Address

8846 S.W. 129<sup>TH</sup> TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65 0930999

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

Name

MICHAEL KRISSEL, C.P.A.

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

12515 SW 88<sup>TH</sup> ST SUITE 316

City

MIAMI

FL

Zip Code

33186

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

*Michael Krissel, C.P.A.*

1/20/00

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, 2000 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 **D** ☒ Delete  
 NAME **FRANK, MICHAEL S**  
 STREET ADDRESS **300 OTTAWA AVE., N.W., STE. 150**  
 CITY-ST-ZIP **GRAND RAPIDS MI 49503**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **FRANK, MICHAEL S.**  
 STREET ADDRESS **8846 S.W. 129<sup>TH</sup> TER**  
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)