2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052777

1. Entity Name

SIGNATURE:

FRANK RICHARD PROPERTIES, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

111/3/41/	ionale i not cames, inc.				01-25-2000 90026 035	***150.00	
Principal Place	e of Business	Mailing Address		_			
1117 ORANGE ISLE FT. LAUDERDALE FL 33315		1117 ORANGE ISLE FT. LAUDERDALE FL 33315-1652		1			
					T (BANKBA) (19 TENG (BUK) BENK BAKK BEKK BAKK	IA HARAN ORDA K ara ka da	IAK (38) (44)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\exists	DO NOT WRITE IN TH	IIS SPACE	
City & State		City & State			El Number 55-09 40 566		oplied For
Zip	Country ·	Zip	Country	<u> </u>	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current I	lI Registered Agent		7. N	lame and Address of New Register	 _	
			Name				
1117	WARTZ, RICHARD L ORANGE ISLE AUDERDALE FL 33315	-	Street Addres	s (P.O. Bo	ox Number is Not Acceptable)		
Fi.L	AUDERDALE PL 33313		City	_ 		Zip Coo	
			Oily			Zip Coo	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered age	ent, or both, in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	ired when re	instating) DAT	E	
Tax filing re	oration is eligible to satisfy its intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees
11	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	D SCHWARTZ, RICHARD L 1117 ORANGE ISLE FT. LAUDERDALE FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, FRANK 2825 N.E. 32ND ST. LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
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indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my	z cionaturo chall have th	na cama l	and offect as if made under nath, the	it I am an officei	or director