

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

03-14-2000 90021 046 ***150.00

DOCUMENT # P99000056125

1. Entity Name

FRANK'S GENERAL SERVICES INCORPORATED

Principal Place of Business

8045 S.W. 107TH AVENUE, #103
MIAMI FL 33173

Mailing Address

8045 S.W. 107TH AVENUE, #103
MIAMI FL 33173-4859

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0935803

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MYERS, FRANK G JR.

8045 S.W. 107TH AVENUE, #103
MIAMI FL 33173

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	FRANK G. MYERS		
STREET ADDRESS	8045 SW 107TH AVENUE #103		
CITY-ST-ZIP	MIAMI FL 33173		
VICE PRESIDENT	PATRICIA K. MYERS		
STREET ADDRESS	8045 SW 107TH AVENUE #103		
CITY-ST-ZIP	MIAMI FL 33173		

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

 ✓ 3/2/2000 (305) 596-1764
 Date Daytime Phone #

CR2E034 (9/99)