

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076841

1. Entity Name

C. FRANKEL, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 017 ***550.00

Principal Place of Business

9655 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

Mailing Address

9655 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

9655 E. Bay Harbor Dr

3. Mailing Address

9655 E. Bay Harbor Dr

Suite, Apt. #, etc.

6N

Suite, Apt. #, etc.

6N

City & State

Bay Harbor Isl. FL

City & State

Bay Harbor Isl. FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. FEI Number

650953360

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKEL, CYNTHIA
9655 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

Cynthia Frankel

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

9655 E. Bay Harbor Dr #6N

City

Bay Harbor Isl.

FL

Zip Code

33154

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

Cynthia Frankel (Cynthia Frankel)

8/22/2000

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 \$550.00

After SEPTEMBER 13, 2000 Min. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Cynthia Frankel	9655 E. Bay Harbor Dr #6N	Bay Harbor Isl. FL 33154	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)