

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-12-2000 90147 049 ***550.00

DOCUMENT # P99000079657

1. Entity Name

FRANCO APARTMENTS CORP.

Principal Place of Business

1050 N.E. 91ST TERRACE
MIAMI SHORES FL 33138

Mailing Address

1050 N.E. 91ST TERRACE
MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1030920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KAHN, DONALD J
317 71ST STREET
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 use 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 **PD** ☐ Delete
NAME **ANGELICA LORENA LOPEZ FERREIROS**
STREET ADDRESS **1050 N.E. 91ST TERRACE**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VSTD** ☒ Delete
NAME **COPPOLA, NATALIA**
STREET ADDRESS **1050 N.E. 91ST TERRACE**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSTD** ☒ Change ☐ Addition
NAME **ALBERTO MARCELO FERREIROS**
STREET ADDRESS **1050 N.E. 91ST TERRACE**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

REQUIRED

07/05/00

(305) 551-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone