

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35646

1. Entity Name

FRANKLIN INTERIORS, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90080 032 \*\*\*150.00

Principal Place of Business

1747 AVENIDA DEL SOL  
BOCA RATON FL 33432

Mailing Address

1747 AVENIDA DEL SOL  
BOCA RATON FL 33432-1743

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

65-0257747

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

7. Name and Address of New Registered Agent

THORINGTON, BARBARA J.

~~2000 S. OCEAN BLVD~~ 483 NW 36 AV

~~SUITE 2A~~

~~BOCA RATON FL 33432~~ Deerfield Beach FL 33442

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

*Barbara J. Thornton*

(NOTE: Registered Agent signature required when reinstating)

4/12/00  
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 NAME ☐ Delete  
DAS  
THORINGTON, BARBARA J.  
STREET ADDRESS  
2000 S. OCEAN BLVD 2A 483 NW 36 AV  
CITY-ST-ZIP  
BOCA RATON FL DEERFIELD BEACH FL

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

TITLE NAME ☐ Delete  
PD  
MALAVE, FRANKLIN  
STREET ADDRESS  
900 DOGWOOD DRIVE #135  
CITY-ST-ZIP  
DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Franklin Malave*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2000

Date

561-750-8560

Daytime Phone #