

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/7/

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90243 020 ***150.00

DOCUMENT # 546986

1. Entity Name

FRAVILEN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

902 COMMONWEALTH CT

Suite, Apt. #, etc.

3. Mailing Address

902 COMMONWEALTH CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY FL

Zip

32707

Country

USA

City & State

CASSELBERRY FL

Zip

32707

Country

USA

4. FEI Number

59-3065340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FRANK SCUCCI

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

1190 SADDLE HORN CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

**DO NOT WRITE
IN THIS SPACE**

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 **FRANK SCUCCI PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Frank Scucci

MAY 20 2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PRESIDENT**
NAME **FRANK SCUCCI**
STREET ADDRESS **902 COMMONWEALTH CT**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Scucci** **FRANK SCUCCI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24 2002 407-695-9699

Date

Daytime Phone #