

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

DOCUMENT # 567006

1. Entity Name

FRANBRI ENTERPRISES INC

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 009 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4301 W. VINE ST

Suite, Apt. #, etc.

C-58/60/62

City & State

KISSIMMEE FL

Zip

34746

Country

3. Mailing Address

7200 PERSHING AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

4. FEI Number

59-3077615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FREDDY ALEQUIN

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

6955 HANGING MOSS RD

City

ORLANDO

FL

Zip Code

32807

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)



January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.15
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
DIRECTOR	FRANZ P. MASCARENHAS	7200 PERSHING AVE	ORLANDO, FL 32822
DIRECTOR	BRIAN A. MASCARENHAS	7200 PERSHING AVE	ORLANDO, FL 32822

**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:

F. Mascarenhas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(FRANZ P. MASCARENHAS)

04/29/02

Date

(407) 397-0755

Daytime Phone #