

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S67006**

1. Entity Name  
**FRANBRI ENTERPRISES, INC.**

**AMENDED**

07-02-2002 90811 027 \*\*\*61.75

S67006

**FILED**

**02 JUL 12 AM 9:51**

SECRETARY OF STATE  
TALLAHASSEE FL 32304



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4301 W. VINE STREET  
KISSIMMEE FL 34746**

Mailing Address

**4301 W. VINE STREET  
KISSIMMEE FL 34746**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3077615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALEQUIN, FREDDY  
6955 HANGING MOSS RD  
STE 114  
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

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

(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 \$150.00  
After May 1, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASCARENHAS, FRANZ P.J.</b>	
STREET ADDRESS	<b>4301 W. VINE STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASCARENHAS, BRIAN A</b>	
STREET ADDRESS	<b>4301 W. VINE ST.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASCARENHAS, CYNTHIA P.</b>	
STREET ADDRESS	<b>4301 W. VINE STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25TH JUNE 2002 (407) 397-0755**

Date

Daytime Phone #

CR2034 (9/01)