

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003161

1. Entity Name
FUNCTIONAL ARTS, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
707 N. DIXIE HIGHWAY
HALLANDALE FL 33009

Mailing Address
707 N. DIXIE HIGHWAY
HALLANDALE FL 33009-2336



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REICHEL, DOUGLAS J
1980 S. OCEAN DRIVE, APT. 11F
HALLANDALE FL 33009

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
NAME REICHEL, DOUGLAS J
STREET ADDRESS 1980 S. OCEAN DRIVE, APT. 11F
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Change Addition
NAME 400003118644
STREET ADDRESS -02/01/00--01100--014
CITY-ST-ZIP *****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Douglas J. Reichel* (Douglas J. Reichel) 1/21/00

954 457-
9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #