

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**  
04-28-2002 90781 013 \*\*\*150.00

**DOCUMENT #** **P01000057685**  
**1. Entity Name**  
**FUNKY FISH, INC.**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4651 S.W. 51st Street		<b>3. Mailing Address</b> 4651 S.W. 51st Street	
Suite, Apt. #, etc. Bay 807		Suite, Apt. #, etc. Bay 807	
City & State Davie, FL		City & State Davie, FL	
Zip 33314	Country	Zip 33314	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1113694	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
David Torchin, C.P.A.  
**Street Address (P.O. Box Number is Not Acceptable)**  
8211 West Broward Blvd.  
**Suite**  
200  
**City**  
Plantation **FL** **33324**

**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**  **DAVID TORCHIN, CPA** **3/12/02**  
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 \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	President/Director Arik Cohen 827 NW 81st Avenue Plantation, FL 33324	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Vice-President/Director Danielle Cohen 827 NW 81st Avenue Plantation, FL 33324	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/13/02** **(954) 444-6239**  
Date Daytime Phone #

CR2E034B (12/01)