

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90079 021 \*\*\*150.00

**DOCUMENT # P97000079858**

1. Entity Name

**MUNGIN ENTERPRISES INC.**

Principal Place of Business

3350 SW 3 AVE STE 207  
 FT LAUDERDALE FL 33315

Mailing Address

P.O. BOX 21672  
 FT LAUDERDALE FL 33335  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0780845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNGIN, MAURY S**  
**3350 SW 3 AVE STE 207**  
**FT LAUDERDALE FL 33315**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**290 SW 12th Avenue #11**

City

**Pompano Beach**

FL

Zip Code

**33069**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS MUNGIN, MAURY S  
 CITY-ST-ZIP P O BOX 21672 N/A  
 FT LAUDERDALE FL 33335

TITLE ☒ Change ☐ Addition  
 NAME **ST**  
 STREET ADDRESS **MUNGIN, MAURY S**  
 CITY-ST-ZIP **290 SW 12th Ave #11**  
**Pompano Beach, FL 33069**

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS MUNGIN, MONICA C  
 CITY-ST-ZIP P O BOX 21672 N/A  
 FT LAUDERDALE FL 33335

TITLE ☒ Change ☐ Addition  
 NAME **P**  
 STREET ADDRESS **MUNGIN, MONICA C**  
 CITY-ST-ZIP **290 SW 12th Ave #11**  
**Pompano Beach, FL 33069**

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 607.01, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be in ink and shall be made 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-782-8449**

CR2E034 (10/00)