

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01819

1. Entity Name

MUNCH BUNCH, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90050 004 ***150.00

Principal Place of Business

Mailing Address

4068 NE 8 AVE
FORT LAUDERDALE FL 33334
US

4068 NE 8 AVE
FORT LAUDERDALE FL 33307-3810
US

818497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4292 NE 7 AVE
Suite, Apt. #, etc.

P.O. BOX 23810
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

OAKLAND PARK FL

4. FEI Number

59-2649651

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33307-3810

Country

USA

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

STEVEN ANDREWS
4068 NE 8 AVE
FORT LAUDERDALE FL 33334

Name

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

4292 NE 7 AVE

City

FT. LAUDERDALE

FL

Zip Code

33334

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

STEVEN ANDREWS

X 2-28-00

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
DP
STEVEN ANDREWS
4068 NE 8 AVE
FORT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4292 NE 7 AVE
FT. LAUDERDALE FL 33334

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
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN ANDREWS

Date

Daytime Phone #

X 2-28-00 X 563-9599

CR2E034 (9/99)