

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90030 001 ***150.00

DOCUMENT # L00000008221

1. Entity Name

PHUNNY HEAD, LLC

Principal Place of Business

**1455 OCEAN DRIVE, SUITE 609
 MIAMI BEACH FL 33139**

Mailing Address

**1455 OCEAN DRIVE, SUITE 609
 MIAMI BEACH FL 33139**

10882

2. Principal Place of Business

1455 Ocean Drive #609

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33139

Same USA

4. FEI Number

65-1050117

☒ Applied For

☐ Not Applicable

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

**KOCSIS, LES Z
 1455 OCEAN DRIVE, SUITE 609
 MIAMI BEACH FL 33139**

Name

Les. Z. Kocsis

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

1455 Ocean Drive, #610

City

Miami Beach

FL

Zip Code

33139

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.

LES. Z. KOCSIS

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 KOCSIS, LES Z
 1455 OCEAN DRIVE, SUITE 609
 MIAMI BEACH FL 33139**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 Les. Z. Kocsis
 1455 Ocean Drive, #610
 Miami Beach, FL, 33139**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

1/17/02

(305) 556-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)