

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90326 003 ****50.00

DOCUMENT # L02000031743

1. Entity Name

FUN SWEETS LIMITED LIABILITY COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business,

3671 23rd Ave South

Suite, Apt. #, etc.

3. Mailing Address

3671 23rd Ave. South

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth FL

4. FEI Number

61-1433012

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Patrick Fulco

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

1210 E Mountain Drive

City WPB

FL

Zip Code

33406

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME Patrick Fulco / MGRM
STREET ADDRESS 1210 E Mountain Dr
CITY-ST-ZIP WPB FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Seymour Rosenthal MGRM
STREET ADDRESS 41 A Stratford Lane
CITY-ST-ZIP Boynton, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME David Dayan MGRM
STREET ADDRESS 13348 N.W. 7th Street
CITY-ST-ZIP Plantation, FL 33325

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CR2E083B (12/02)

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:

Patrick Fulco

2/14/03

561-585-1110

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

Date

Daytime Phone #