

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000005901

1. Entity Name
FUNFOODS AMERICA, L.L.C.

00 MAY 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1394 NORTH STATE ROAD 7
MARGATE FL 33063

Mailing Address
1394 NORTH STATE ROAD 7
MARGATE FL 33063-2836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0948919

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLODIG, GREGORY J
100 WEST CYPRESS CREEK RD., #700
FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FAGAN, ZACHARY
1394 NORTH STATE RD 7
MARGATE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOODIN, GERRY
1500 WEST CYPRESS CREEK RD #505
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003291456-81
-06/15/00--01073--012
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/26/00

Date

(954) 957-8888

Daytime Phone #

CR2E083 (9/99)