

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M06994

1. Entity Name

FNG INTERNATIONAL, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90064 008 ***150.00

Principal Place of Business

10032 VESTAL PL.
CORAL SPRINGS FL 33071

Mailing Address

10032 VESTAL PL.
CORAL SPRINGS FL 33433-7452

2. Principal Place of Business

21370 HARROW COURT

Suite, Apt. #, etc.

3. Mailing Address

21730 HARROW COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2458953

Applied For

Not Applicable

Zip

Country

33433

Zip

Country

33433

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

GRAJWER, FLORENCE N
10032 VESTAL PLACE
CORAL SPRINGS FL 33071

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

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 P
NAME GRAJWER, FLORENCE N.
STREET ADDRESS 10032 VESTAL PL.
CITY-ST-ZIP CORAL SPRINGS FL

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE GRAJWER

Date

561 218 8620

954 2340807

Daytime Phone #

CR2E034 (9/99)