2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028845

1. Entity Name

FunTime Express Inc.

Principal Place of Business

3026 Alhambra St
PH FT Lauderdale
Florida 33304

Mailing Address

3026 Alhambra St #PH
FT Lauderdale FL 33304

FILED

01 SEP 25 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3. Mailing Address**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

02/05/01 90011006 *$150.00*

4. FEI Number 593047286

Applied For / Not Applicable

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**
	Name mAce Triestman
	Street Address (P.O. Box Number is Not Acceptable)
	3026 Alhambra st #PH
	City FT Lauderdale FL Zip Code 33304

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, 2001 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	President mAce Triestman ☐ Delete		TITLE		☐ Change ☐ Addition
NAME	3026 Alhambra st #PH		NAME		
STREET ADDRESS	FT Lauderdale FL 33304		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: mAce Triestman _____ 9/18/01 954-249-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #