

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90076 004 \*\*\*150.00

033865 AV

**DOCUMENT # P01000013044**

1. Entity Name

**FUNE MAINTENANCE & LANDSCAPING, INC.**

Principal Place of Business

**8111 S.W. 24TH STREET  
 DAVIE FL 33324**

Mailing Address

**8111 S.W. 24TH STREET  
 DAVIE FL 33324**

2. Principal Place of Business

**581 Ranch Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**581 Ranch Rd**  
 Suite, Apt. #, etc.

City & State  
**Weston, FL**

City & State  
**Weston, FL**

4. FEI Number  
**65-1079810**

Applied For  
 Not Applicable

Zip  
**33326**

Zip  
**33326**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FUNE, GASTOIB  
 8111 S.W. 24TH STREET  
 DAVIE FL 33324**

7. Name and Address of New Registered Agent

Name  
**FUNE, GASTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**581 Ranch Rd**  
 City  
**Weston** **FL** Zip Code  
**33326**

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 \_\_\_\_\_ (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, 2002 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

TITLE  
**D** ☐ Delete  
 NAME  
**FUNE, GASTON**  
 STREET ADDRESS  
**8111 S.W. 24TH STREET**  
 CITY-ST-ZIP  
**DAVIE FL 33324**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**+ T, S, O** ☐ Change ☒ Addition  
 NAME  
**FUNE, Jean**  
 STREET ADDRESS  
**581 Ranch Rd**  
 CITY-ST-ZIP  
**Weston, FL 33326**

TITLE  
**- FUNE, MARIO E.** ☐ Change ☒ Addition  
 NAME  
**11916 SW 9 Ct**  
 STREET ADDRESS  
**DAVIE, FL 33325**  
 CITY-ST-ZIP

TITLE  
**V. MARIO FUNE (SR.)** ☐ Change ☒ Addition  
 NAME  
**581 Ranch Rd**  
 STREET ADDRESS  
**Weston, FL 33326**  
 CITY-ST-ZIP

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

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

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

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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02**

Date

**(954) 649-0368**

Daytime Phone #

CR2E034 (9/01)