

FILED
May 21, 2002 8:00 am
Secretary of State

04-16-2002 90026 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095333

1. Entity Name

FUN GROWING INSTITUTE, CORP.

Principal Place of Business

1215 NORTH OCEAN DRIVE SUITE 215
HOLLYWOOD FL 33019

Mailing Address

1215 NORTH OCEAN DRIVE SUITE 215
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

60-1N333

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TAMBUCHO, MIGUEL ANGEL
 1215 NORTH OCEAN DRIVE SUITE 215
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name Graciela Pisciottano
 Street Address (P.O. Box Number is Not Acceptable)
1215 North Ocean Drive Suite 215
 City Hollywood FL Zip Code 33019

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)

05-01-02

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 NAME STREET ADDRESS CITY-ST-ZIP	D TAMBUCHO, MIGUEL ANGEL 1215 NORTH OCEAN DRIVE SUITE 215 HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Graciela Pisciottano 1215 North Ocean Drive, suite 215 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marta S. Vicenz 1215 North Ocean Drive, suite 215 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)