

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000095333**

1. Entity Name

FUN. GROWING INSTITUTE, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1215 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

215

City & State

HOLLYWOOD

FL

Zip

33019

Country

BROWARD

3. Mailing Address

1215 NORTH OCEAN DR.

Suite, Apt. #, etc.

215

City & State

HOLLYWOOD

FL

Zip

33019

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1153305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRACIELA PISCIOTTANO

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

1215 NORTH OCEAN DRIVE STE 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]

(NOTE: Registered Agent Signature required when reappointing)

DATE

04/07/03

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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. GRACIELA PISCIOTTANO
1215 NORTH OCEAN DRIVE STE 215
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D. MARTA S. VECENZ
1215 NORTH OCEAN DRIVE STE 215
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

04/07/03

Date

(954) 559-3786

Daytime Phone #

CR2E034B (12/01)