2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90153 002 *****8.75
07-07-2003 90153 001 ***150.00

000767 AV

DOCUMENT # P02000024777

1. Entity Name
FUNNY RIDE, INC.

Principal Place of Business	Mailing Address
16242 S.W. 82ND STREET MIAMI FL 33193	16242 S.W. 82ND STREET MIAMI FL 33193

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11401 NW 12 ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33172 — Country: USA	Zip — Country

4. FEI Number: 02-0560992 — ☐ 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
RODRIGUEZ, DOUGGLAN 16242 S.W. 82ND STREET MIAMI FL 33193	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, DOUGGLAN 16242 S.W. 82ND STREET MIAMI FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — DOUGGLAN RODRIGUEZ — 07/01/03 — (305) 383-6742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

FUNNY RIDE INC.

16242 SW 82 Street
Miami, FL 33193
305 383-6772
P02000024777

July 01, 2003.

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL. 32302-1500

This letter is to inform you that the corporation mentioned above did not receive the prior notice. Please waive the late fee. Enclosed is the original fee of $150.00 Thank You.

Sincerely,

DOUGLAS RODRIGUEZ
PRES.