

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000024897**

Entity Name

F.N.N., INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90361 017 ***150.00

Principal Place of Business Mailing Address
1236 NE 7TH AVE 1236 NE 7TH AVE
FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304

2. Principal Place of Business 3. Mailing Address
830 NW 57 CT 830 NW 57 CT
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. LAUDERDALE, FL FT. LAUDERDALE FL
Zip Country Zip Country
33309 33309

4. FEI Number **65-0651571** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLIDA, FRED
1236 NE 7TH AVE
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	FRED COLLIDA	1236 N.E. 7TH AVE	FT. LAUDERDALE FL 33304	<input type="checkbox"/>
P	COLLIDA, NICHOLE	1236 N.E. 7TH AVE	FT. LAUDERDALE FL 33304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 954-492-5550

CR2E034 (10/00)