

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004981

1. Entity Name

FUN FUN ENTERTAINMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90383 021 ***150.00

Principal Place of Business

1136 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

Mailing Address

1136 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205-5369

2. Principal Place of Business

P.O. Box 6953

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6953

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3419976

Applied For

Not Applicable

Zip

32236

Country

USA

Zip

32236

Country

USA

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

6. Name and Address of Current Registered Agent

REINSCH, MARK A ESQ.
200 W. FORSYTH STREET
SUITE 1400
JACKSONVILLE FL 32202

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, 2000 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	<input type="checkbox"/> Delete
NAME	NOSRAT, BRUCE	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIS, RAY	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAKIM, TOM	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAVOUSI, BIJAN	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOSRAT, DELORES	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMON, MIKE	
STREET ADDRESS	1136 SOUTH EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 6953
CITY-ST-ZIP	Jacksonville, FL 32236

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:

Burce Nosrat

Burce Nosrat

(904) 273-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25024 10/00