

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082518

1. Entity Name

FUN INVESTMENTS GROUP, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90027 028 \*\*\*150.00

Principal Place of Business

633 N.E. 167TH STREET, SUITE 523  
NORTH MIAMI BEACH FL 33162

Mailing Address

633 N.E. 167TH STREET, SUITE 523  
NORTH MIAMI BEACH FL 33162-2443

00029473

2. Principal Place of Business

21270 NE 3rd CT

3. Mailing Address

21270 NE 3rd CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-0804594

Applied For

Not Applicable

Zip

33179

Country

US

Zip

33179

Country

US

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

ROUSSO, MARK E  
9350 SOUTH DIXIE HIGHWAY, PH2  
MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FUNES, EDUARDO  
STREET ADDRESS 633 N.E. 167TH STREET, SUITE 523  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE PD  
NAME Funes, Eduardo  
STREET ADDRESS 21270 NE 3rd Ct  
CITY-ST-ZIP N. Miami Beach, FL 33179 ☒ Change ☐ Addition

TITLE VD  
NAME FUNES, LILIANA  
STREET ADDRESS 633 N.E. 167TH STREET, SUITE 523  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE VD  
NAME Funes, Liliana  
STREET ADDRESS 21270 NE 3rd Ct.  
CITY-ST-ZIP N. Miami Beach, FL 33179 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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

3/9/00

Date

305-652-8004

Daytime Phone #