

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082518

1. Entity Name

FUN INVESTMENTS GROUP, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90391 043 \*\*\*150.00

Principal Place of Business

21270 NE 3RD CT  
MIAMI FL 33179

Mailing Address

21270 NE 3RD CT  
MIAMI FL 33179

2. Principal Place of Business

2345 NE 199 ST

3. Mailing Address

2345 NE 199 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Bch. FL

City & State

N. Miami Bch. FL

33180

USA

33180

USA

4. FEI Number

65-0804594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 PD  
NAME FUNES, EDUARDO  
STREET ADDRESS 21270 NE 3RD CT  
CITY-ST-ZIP N. MIAMI BCH FL 33179 ☐ Delete

TITLE VD  
NAME FUNES, LILIANA  
STREET ADDRESS 21270 NE 3RD CT  
CITY-ST-ZIP N. MIAMI BCH FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Eduardo Funes  
STREET ADDRESS 2345 NE 199 ST  
CITY-ST-ZIP N. Miami Bch, FL 33180 ☒ Change ☐ Addition

TITLE VD  
NAME Liliana Funes  
STREET ADDRESS 2345 NE 199 ST  
CITY-ST-ZIP N. Miami Bch, FL 33180 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Eduardo Funes

Date

Daytime Phone #

03-22-01 305-94-8101

CR2E034 (10/00)

0227166