FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90204 030 ***150.00

APR-20-00 15:18 FROM: ID:

DOCUMENT # P97000095594

1. Entity Name

FANTASTIC, INC.

Principal Place of Business	Mailing Address
8312 NW 14Th STREET MIAMI, FL 33126	8312 NW 14TH STREET MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0797744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, LINDA M.
9300 S DADELAND BLVD SUITE 406
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) ☐

[redacted]

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	D FONSECA, LUIS F. 8312 NW 14TH STREET MIAMI, FL 33126	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMACHO, MARIO 8312 NW 14TH STREET MIAMI, FL 33126	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMALTRE, ERNESTO C. 8312 NW 14TH STREET MIAMI, FL 33126	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONSECA, OSCAR G. 8312 NW 14TH STREET MIAMI, FL 33126	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMACHO, JOSE R. 8312 NW 14TH STREET MIAMI, FL 33126	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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