

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003866

1. Entity Name

FAUNA FUN FEEDERS INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90972 036 \*\*\*150.00

Principal Place of Business

Mailing Address

5828 DONNELLY CIR  
 ORLANDO FL 32821

5828 DONNELLY CIR  
 ORLANDO FL 32821-7662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2605 Shrimp St.

2605 Shrimp St.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32839

USA

32839

USA

4. FEI Number 59-3483938

Applied For

Not Applicable

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

COBIAN, ALBERTO S  
 5828 DONNELLY CIR  
 ORLANDO FL 32821

Name

Efrain Bermudez Jr.

Street Address (P.O. Box Number is Not Acceptable)

2605 Shrimp St.

City

Orlando

FL

Zip Code

32839

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 tax ID applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Efrain Bermudez Jr. Pres. 4/15/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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 PSTD ☒ Delete  
 NAME COBIAN, ALBERTO  
 STREET ADDRESS 5828 DONNELLY CIR  
 CITY-ST-ZIP ORLANDO FL 32821

TITLE President ☒ Change ☐ Addition  
 NAME Efrain Bermudez Jr.  
 STREET ADDRESS 2605 Shrimp St.  
 CITY-ST-ZIP Orlando, FL 32839

TITLE VD ☒ Delete  
 NAME COBIAN, LARITSSA S  
 STREET ADDRESS 5828 DONNELLY CIR  
 CITY-ST-ZIP ORLANDO FL 32821

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 #

Efrain Bermudez Jr.

4/15/00 (407) 239-6811

CR22834 (9/99)