

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028856

1. Entity Name *Adventure Time Co.*

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90098 022 ***150.00

Principal Place of Business

Mailing Address

3000 NW 109 AVE 201
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Dade

Zip

Country

Dade

4. FEI Number

650822405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

103988

6. Name and Address of Current Registered Agent

Freddie Santiago

7. Name and Address of New Registered Agent

Name *Freddie Santiago*

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

11450 SW 60 Lane

City *MIAMI*

FL

Zip Code

33173

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.

Freddie Santiago, President.

5/15/2000

(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 *President* ☐ Delete

NAME *Freddie Santiago*

STREET ADDRESS *11450 SW 60 LN*

CITY-ST-ZIP *MIAMI, FL 33173*

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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

Freddie Santiago

Date

Daytime Phone #

5/15/00

CR2E034 (9/99)