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FILED

Apr 16, 2001 8:00 am
Secretary of State

03-02-2001 90071 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000086177

1. Entity Name

FUN ROVERS, INC.

Principal Place of Business

1172 SOUTH DIXIE HIGHWAY
UNIT 507
CORAL GABLES FL 33146-2918

Mailing Address

1172 SOUTH DIXIE HIGHWAY
UNIT 507
CORAL GABLES FL 33146-2918

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0868107

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

ZENOFF, LARRY M
3054 ORANGE ST
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name ILAN ATUN

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

650 WEST AV. # 2307

City MIAMI BEACH

FL

Zip Code 33139

9. 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 of officer or director of registered agent and the applicable.

(NOTE: Registered Agent signature required when re-appointing)

ILAN ATUN

04/09/01

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	STVD ZENOFF, CHERRE L 1172 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2918	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILAN ATUN DP 650 WEST AV. # 2307 MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZENOFF, LARRY M 1172 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2918	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSHE GIT 650 WEST AV. # 2307 MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILAN ATUN

3-22-01

(305) 604-1414

Date

Daytime Phone

CR2034 (10/00)