

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102225

1. Entity Name

FUNBIZ, INC.

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91580 016 ***150.00

Principal Place of Business Mailing Address
2410 N.E. 49 Street 2410 N.E. 49 Street
Lighthouse Point, FL Lighthouse Point, FL
33064 33064

2. Principal Place of Business 3. Mailing Address
4310 Sheridan St. #202 4310 Sheridan St. #202

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 202 Suite 202

City & State City & State
Hollywood, FL Hollywood, FL

Zip Country Zip Country
33021 33021

4. FEI Number 59-3545515 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Marc Garin
2410 N.E. 49th street
Lighthouse Point, FL 33064

7. Name and Address of New Registered Agent

Name Andre S. Burton
Street Address (P.O. Box Number is Not Acceptable)
4310 Sheridan Street
Suite 202
City Hollywood FL Zip Code 33021

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  DATE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	Marc Garin	2410 N.E. 49th Street	Lighthouse Point, FL 33064	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Marc Garin	4310 Sheridan St. Suite 202	Hollywood, FL 33021	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:  DATE 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)