

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001236

1. Entity Name

FURBALL, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90113 014 ***150.00

Principal Place of Business

912 N.E. 81ST STREET
MIAMI FL 33138

Mailing Address

912 N.E. 81ST STREET
MIAMI FL 33138-4657

2. Principal Place of Business

1030 JEFFERSON AVE.

Suite, Apt. #, etc.

#3

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Address

1030 JEFFERSON AVE

Suite, Apt. #, etc.

#3

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. FEI Number

59-3550254

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

ACCETURA, ROBERT
912 N.E. 81ST STREET
MIAMI FL 33138

Name

ACCETURA, ROBERT

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

1030 JEFFERSON AVE #3

City

MIAMI BEACH

FL

Zip Code

33139

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

Robert J. Accetura

3/28/00

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)

☒

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT ACCETURA	
STREET ADDRESS	1030 Jefferson Ave. #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert J. Accetura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

305-673-6415

Daytime Phone #

CR2004 (9/99)