FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90156 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001236

90066684

1. Entity Name
FURBALL, INC.

Principal Place of Business	Mailing Address
1030 JEFFERSON AVE #3 MIAMI, FL 33139	1030 JEFFERSON AVE #3 MIAMI, FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8660 NE MIAMI CT.		8660 NE MIAMI CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: EL PORTAL FL		City & State: EL PORTAL FL	
Zip: 33138	Country: USA	Zip: 33138	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

ACCETURA, ROBERT
1030 JEFFERSON AVE #3
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number Is Not Acceptable): 8660 NE MIAMI CT.
City: EL PORTAL FL Zip Code: 33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ROBERT ACCETURA [signature] 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACCETURA, ROBERT 1030 JEFFERSON AVE MIAMI, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8660 NE MIAMI CT EL PORTAL, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT J. ACCETURA 3/26/03 305-305-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #