

2000 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-04-2000 90094 004 ***150.00

DOCUMENT # P99000004931

1. Entity Name

FUNU.COM CORP.

Principal Place of Business

2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131

Mailing Address

2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131-1700

2. Principal Place of Business

150 S. Pine Island Rd.

3. Mailing Address

150 S. Pine Island Rd.

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

Plantation FL

City & State

Plantation FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

05-0888076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPUSCITE CORPORATION
9201 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

Maynard J. Hellman

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

150 S. Pine Island Rd # 500

City

Plantation

FL

Zip Code

33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Maynard J. Hellman

4/27/2000

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	D, P	☐ Delete
NAME	FRANKEL, ADAM T	
STREET ADDRESS	9201 E. BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D, VP, S	☐ Delete
NAME	FRIEDMAN, BRETT	
STREET ADDRESS	21305 N.E. 19TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S, Alyce B. Schreiber	☐ Change ☒ Addition
NAME	150 S. Pine Island Rd.	
STREET ADDRESS	Plantation, FL 33324	
CITY-ST-ZIP		
TITLE	D, Robert Press	☐ Change ☒ Addition
NAME	150 S. Pine Island Rd # 500	
STREET ADDRESS	Plantation, FL 33324	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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

Alyce B. Schreiber

Date

4/27/2000 (954) 571-225

Daytime Phone #

CR2E034 (9/99)