

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024911

1. Entity Name

FUNMI CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90121 045 ***150.00

Principal Place of Business

Mailing Address

9920 NW 27TH AVE
MIAMI FL 33147

9920 NW 27TH AVE
MIAMI FL 33147-2158

2. Principal Place of Business

4000 SW 19 STREET

3. Mailing Address

4000 SW 19 STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0910522

Applied For

Not Applicable

Zip

Country

33317

Zip

Country

33317

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

LOBLACK, PETER
OFFICE PARK AT THE CALIFORNIA CLUB
1031 IVES DAIRY ROAD SUITE 125
MIAMI FL 33179

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME D
STREET ADDRESS KOLAWOLE-TAYLOR, F V
CITY-ST-ZIP 9920 NW 27TH AVE
MIAMI FL 33147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yes.

Date

1/8/00

Daytime Phone #

(954) 583-256
305