

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90189 006 ***150.00

DOCUMENT # P99000030824

1. Entity Name
FUNKY FISH USA, INC.

DO NOT WRITE IN THIS SPACE

819545

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4651 S.W. 51st Street		3. Mailing Address 4651 S.W. 51st Street	
Suite, Apt. #, etc. Bay 807		Suite, Apt. #, etc. Bay 807	
City & State Davie, FL		City & State Davie, FL	
Zip 33314	Country	Zip 33314	Country
4. FEI Number 650916418		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Torchin, C.P.A.	
Street Address (P.O. Box Number is Not Acceptable) 8211 West Broward Blvd.	
Suite 200	
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

David Torchin, C.P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President/Director Arik Cohen 827 NW 81st Avenue Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Yaakov Atzmony 1315 N.W. 127th Drive Sunrise, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

YAAKOV ATZMONY VP.

Date

1/26/02

Daytime Phone #

954-584-5528

CR2E034B (12/01)