

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P990000 44630*

1. Entity Name

ILL FLAVA ENTERTAINMENT Co., ✓

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90045 004 ***150.00

Principal Place of Business

Mailing Address

7275 NW 6854
MIAMI. FL. 33166

7275 NW 6854
MIAMI. FL. 33166

2. Principal Place of Business

3. Mailing Address

920 Blue Ridge Way

920 Blue Ridge Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade. FL.

City & State

Dade FL

Zip

33325

Country

Zip

33325

Country

4. FEI Number

65-0919878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0061697

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGE E. MUNDO
7275 NW 6854
MIAMI. FL. 33166

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 *P*
NAME *MUNDO JORGE M*
STREET ADDRESS *7275 NW 6854*
CITY-ST-ZIP *MIAMI. FL. 33166* ☐ Delete

TITLE
NAME
STREET ADDRESS *920 BLUE RIDGE Way*
CITY-ST-ZIP *DAVE. FL. 33325* ☒ Change ☐ Addition

TITLE *V-P*
NAME *MUNDO JORGE E*
STREET ADDRESS *7275 NW 6854*
CITY-ST-ZIP *MIAMI. FL. 33166* ☐ Delete

TITLE
NAME
STREET ADDRESS *920 BLUE RIDGE WAX*
CITY-ST-ZIP *DAVE. FL. 33325* ☒ Change ☐ Addition

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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 free 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

JORGE E MUNDO

Date

Daytime Phone #

5/28/00

CR2E034 (9/99)