

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-31-2000 90045 004 \*\*\*150.00

DOCUMENT # *P990000 44630*  
 1. Entity Name  
*ILL FLAVA ENTERTAINMENT Co.,* ✓

Principal Place of Business Mailing Address  
*7275 NW 685th MIAMI, FL. 33166* *7275 NW 685th MIAMI, FL. 33166*

**A0061697**

2. Principal Place of Business 3. Mailing Address  
*920 Blue Ridge Way* *920 Blue Ridge Way*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
*Dade, FL.* *Dade, FL.*  
 Zip Country Zip Country  
*33325* *33325*

4. FEI Number Applied For  
*65-0919878* Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
*JORGE E. MUNDO*  
*7275 NW 685th*  
*MIAMI, FL. 33166*

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>P</i>	<input type="checkbox"/> Delete
NAME	<i>MUNDO JORGE M</i>	
STREET ADDRESS	<i>7275 NW 685th</i>	
CITY-ST-ZIP	<i>MIAMI, FL. 33166</i>	
TITLE	<i>U-P</i>	<input type="checkbox"/> Delete
NAME	<i>MUNDO JORGE E</i>	
STREET ADDRESS	<i>7275 NW 685th</i>	
CITY-ST-ZIP	<i>MIAMI, FL. 33166</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>920 BLUE RIDGE Way</i>	
CITY-ST-ZIP	<i>DADE, FL. 33325</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>920 BLUE RIDGE WAX</i>	
CITY-ST-ZIP	<i>DADE, FL. 33325</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* *JORGE E MUNDO* Date: *5/28/00* Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)