

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047857

1. Entity Name

FUN RENTALS, INT'L INC.

Principal Place of Business

940 N.W. 30TH COURT
MIAMI FL 33125

Mailing Address

940 N.W. 30TH COURT
MIAMI FL 33125

2. Principal Place of Business

7151 SUNSET DR
Suite, Apt. #, etc. NA

3. Mailing Address

7151 SUNSET DR
Suite, Apt. #, etc. NA

City & State
MIAMI, FL

Zip
33143

Country
USA

City & State
MIAMI, FLA

Zip
33143

Country

REINSTATEMENT

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASCUAL, RAUL C

940 N.W. 30TH COURT
MIAMI FL 33125
7151 SUNSET DR
33143

7. Name and Address of New Registered Agent

Name RAUL PASCUAL
Street Address (P.O. Box Number is Not Acceptable)
7151 SUNSET DR
City MIAMI FL 33143

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	PASCUAL, RAUL C	
STREET ADDRESS	940 N.W. 30TH COURT	
CITY-ST-ZIP	MIAMI FL 33125	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, RAUL C.	
STREET ADDRESS	7151 SUNSET DR	
CITY-ST-ZIP	MIAMI, FL. 33143	
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 and typed or printed name of signing officer or director

7/12/00

Date

Daytime Phone #

CR2034 (5/00)