

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053995

1. Entity Name

~~FUNAMATION PRODUCTIONS INC.~~
TUNE PLATOON INCORPORATED

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90019 044 ***158.75

Principal Place of Business

Mailing Address

5537 NW 90TH TERRACE
SUNRISE FL 33351

5537 NW 90TH TERRACE
SUNRISE FL 33351-7774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHUR J. JAFFEE, C.P.A. P.A.
3900 HOLLYWOOD BLVD., SUITE 302
HOLLYWOOD FL 33021

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 PD ☐ Delete
NAME GONZALEZ, GUILLERMO
STREET ADDRESS 5537 NW 90TH TERRACE
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE VPD ☐ Delete
NAME GONZALEZ, STACEY
STREET ADDRESS 5537 NW 90TH TERRACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS LOREA, STACEY A.
CITY-ST-ZIP 3520 NW 85th WAY, BUILDING 12, APT. 206
SUNRISE, FL 33351

TITLE SD ☐ Delete
NAME GONZALEZ, GAIL
STREET ADDRESS 5537 NW 90TH TERRACE
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE TD ☐ Delete
NAME DECKER, DENNIS
STREET ADDRESS 2049 POLO GARDENS DR #107
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-00

Date

(954) 741-7342

Daytime Phone #

CR2E034 (9/99)