

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90156 024 ***150.00

DOCUMENT # P99000054898
Entity Name
FUNASE, INC.

Principal Place of Business
S. COUNTY RD., STE. 133
BEACH FL 33480

Mailing Address
292 S. COUNTY RD., STE. 133
PALM BEACH FL 33480-4245

2. Principal Place of Business
12 15TH AVE. S.
Suite, Apt. #, etc.

3. Mailing Address
12 15TH AVE. S.
Suite, Apt. #, etc.

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH, FLORIDA

Zip
33460

Country
USA

Zip
33460

Country
33460



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAYMAN, HELAINE
7242 BURGESS DR.
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
Name
RAYMAN, HELAINE
Street Address (P.O. Box Number is Not Acceptable)
12 15TH AVE S.
City
LAKE WORTH FL Zip Code
33460

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

HELAINE RAYMAN, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4/28/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HELAINE RAYMAN 12 15TH AVE. S. LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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: Helaine Rayman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 561-533-5323
Date Daytime Phone #