2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000063820** Apr 03, 2000 8:00 am Secretary of State BOXES OF FUN. INC. 04-03-2000 90144 035 ***150.00 Principal Place of Business Mailing Address 18601 NE 14TH AVENUE, STE, G-311 18601 NE 14TH AVENUE, STE. G-311 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179-4816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number <u> 65 - 093</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREZANT, SETH Street Address (P.O. Box Number is Not Acceptable) 18601 NE 14TH AVENUE, STE. G-311 NORTH MIAMI BEACH FL 33179 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** ☐ Addition TITLE ☐ Delete TIT1 F ☐ Change PREZANT, SETH NAMÉ NAME STREET ADDRESS 18601 NE 14TH AVENUE, STE. G-311 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PREZANT, SETH NAME NAME STREET ADDRESS STREET ADDRESS 18601 NE 14TH AVENUE, STE. G-311 CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179** TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 to be 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 errowwered 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 ad-, with all other like empowered.

771 15 W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *

level 22, 2000