

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071948

1. Entity Name

AKTIV, INC.

Principal Place of Business

2300 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

2300 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-5408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1109 Ponce de Leon Blvd.

Suite, Apt. #, etc.

1109 Ponce de Leon Blvd.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A

Zip

33134

Country

U.S.A

6. Name and Address of Current Registered Agent

SANDERS, JOEL D CPA PA  
1625 N. COMMERCE PKWY., STE. 225  
WESTON FL 33326

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FUNNEN, MARK	
STREET ADDRESS	2300 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	EXTRAMIL, ISMENEIA	
STREET ADDRESS	2300 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNNEN, MARK	
STREET ADDRESS	2021 S.W. 33 Ave.	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Extramil, Ismeneia	
STREET ADDRESS	9520 S.W. 45 Terr.	
CITY-ST-ZIP	Miami, FL 33165	
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		
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

Mark A. Funnen

3-24-00

Date

305-444-8428

Daytime Phone #

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90073 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)