

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V16068**

1. Entity Name

BUNGEE ASSOC. OF FL., INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90050 049 ***150.00

Principal Place of Business

Mailing Address

**1500 N.W. FIRST STREET
DANIA FL 33004-3100
US****KOPELOWITZ SAAVEDRA & PELOSI
312 SE 17TH ST 2ND FLOOR
FT LAUDERDALE FL 33316-2524
US**

00009102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0313231**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAAVEDRA, DAMASO W.
312 S.W. 17TH STREET
2ND FLOOR
FT. LAUDERDALE FL 33316**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
ROSS, JULES
1500 N.W. FIRST STREET
DANIA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOGERMAN, IRWIN R
1500 N.W. FIRST STREET
DANIA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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

Date

Daytime Phone #