Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JULES ROSS, VICE PRESIDENT

FILED Feb 01, 2002 8:00 am Secretary of State DOCUMENT # V16068 1. Entity Name 02-01-2002 90027 039 ***150.00 BUNGEE ASSOC. OF FL., INC. Principal Place of Business Mailing Address 1500 N.W. FIRST STREET SAAVEDRA, PELOSI, & GOODWIN DANIA FL 33004-3100 312 SE 17TH ST 2ND FLOOR FT LAUDERDALE FL 33316 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0313231 Not Applicable 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 SAAVEDRA, DAMASO W. Street Address (P.O. Box Number is Not Acceptable) 312 S.W. 17TH STREET 2ND FLOOR FT. LAUDERDALE FL 33316 City Zip Code FL 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITEF Change ☐ Addition NAME ROSS, JULES NAME 1500 N.W. FIRST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL CITY-ST-7IP ☐ Delete TITLE Addition MOGERMAN, IRWIN R NAME NAME STREET ADDRESS 1500 N.W. FIRST STREET STREET ADDRESS CITY-ST-ZIP DANIA FL Delete - Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change noitibbA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 truefee 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.