

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043510

1. Entity Name  
FUNCTION-IT, INC.

Principal Place of Business  
1111 PARK CENTRE BLVD., STE 300  
MIAMI FL 33169

Mailing Address  
1111 PARK CENTRE BLVD., STE 300  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0925741

Applied For  
Not Applicable

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

BDB AGENT CO.  
4800 N FEDERAL HWY, SUITE 104A  
BOCA RATON FL 33431

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 P  
NAME BLYER, DAVID  
STREET ADDRESS 1111 PARK CENTRE BLVD., STE 300  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME GOMEZ, JOHN P  
STREET ADDRESS 1111 PARK CENTRE BLVD., STE 300  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 12 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0052428 AV

CR2E034 (5/01)

12-20-2001 2:35PM FROM

P. 2

202

## Function-IT Inc.

1111 Park Center Blvd Suite 300 Miami FL 33169  
(305) 627-5700 (305) 627-5789

December 10, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

RE: 2001 Uniform Business Report

TO WHOM IT MAY CONCERN:

Please find enclosed the company's Uniform Business Report with the \$150.00 fee payment.

We did not receive the initial report and received the second report only in the first week of December because of post office delays we believe were caused by the September 11, incident.

I contacted your office to explain my case and the officer at the Department of State advised that I include a letter with the report explaining the reasoning for the delay.

Please feel free to contact me at (305) 627-5700 if you should have any questions. Thanking you in advance.

Sincerely,

*John P. [Signature]*