

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002058

1. Entity Name

OFFICE FUNDING I, LLC

Principal Place of Business

502 EAST JOHN STREET
CARSON CITY NV 89706

Mailing Address

502 EAST JOHN STREET
CARSON CITY NV 89706

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Military Trail North
Suite, Apt. #, etc.
Suite 260

3. Mailing Address

2500 Military Trail North
Suite, Apt. #, etc.
Suite 260

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1037670
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME Managing Member
David Miller
STREET ADDRESS 2500 Military Trail N, Suite 260
CITY-ST-ZIP Boca Raton FL 33431

TITLE ☐ Delete
NAME Managing Member
John Kushay
STREET ADDRESS 2500 Military Trail N, Suite 260
CITY-ST-ZIP Boca Raton, FL 33431

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300002408593-3
CITY-ST-ZIP -09/28/00-01098-009
*****50.00 *****50.00

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CF-2E083 (5/00)