

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90033 016 \*\*\*150.00

**DOCUMENT #** P99000109520

**1. Entity Name**  
 Retail Concepts Funding, Inc.

**Principal Place of Business** 2875 NE 191<sup>ST</sup> STREET SUITE 508 Aventura, FL 33180  
**Mailing Address** 2875 NE 191<sup>ST</sup> STREET Suite 508 Aventura, FL 33180

**2. Principal Place of Business** 3578 NE 207<sup>TH</sup> Street  
**3. Mailing Address** PO Box 1800  
 Suite, Apt. #, etc. C-7C Suite, Apt. #, etc.

**City & State** Aventura, FL 33180 **City & State** Hallandale, FL  
**Zip** 33180 **Country** **Zip** 33008 **Country**

**4. FEI Number** 65-0970379 **Applied For** Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

658485

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Stok, Robert A  
 2875 NE 191<sup>ST</sup> Street # 304  
 Aventura, FL 33180

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D Shur, Rory 2875 NE 191 <sup>ST</sup> Street # 508 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Shur, Rory 3578 NE 207 <sup>TH</sup> STREET #C-7C Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Rory Shur* **RORY SHUR, PRESIDENT** **4-30-01** **305-937-7388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)