

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629746

1. Entity Name

ASSURED FUNDING CORPORATION

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90016 041 ***150.00

Principal Place of Business

2100 N OCEAN BLVD
STE 902
BOCA RATON FL 33305
US

Mailing Address

PO BOX 70043
FT LAUDERDALE FL 33307-0043
US

2. Principal Place of Business

2100 N. OCEAN BLVD

Suite, Apt. #, etc.

SPE. 902

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

4. FEI Number

59-1927408

Applied For

Not Applicable

Zip

33305

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASKOW, ROY G
798 VERONA LKE DR
WESTON FL 33326

7. Name and Address of New Registered Agent

Name PASKOW, ROY G.

Street Address (P.O. Box Number is Not Acceptable)

344 MALLARD RD.

City

WESTON

FL

Zip Code

33327

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

TITLE PSTD
NAME PASKOW, JOAN B.
STREET ADDRESS 17029 NEWPORT CLUB DR.
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE PSTD
NAME PASKOW, JOAN B.
STREET ADDRESS 2100 N. Ocean Blvd - Ste 902
CITY-ST-ZIP Fort Lauderdale FL 33305

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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:

JOAN B. PASKOW JOHN B. PASKOW

Date

Daytime Phone #

1/24/00 954-5678