

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 024 ***150.00

DOCUMENT # 629746

1. Entity Name

ASSURED FUNDING CORPORATION

DO NOT WRITE IN THIS SPACE

B0058762

2. Principal Place of Business

2100 N. OCEAN BLVD.

3. Mailing Address

2100 N. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 902

SUITE 902

City & State

City & State

FT LAUDERDALE, FL.

FT. LAUDERDALE, FL.

Zip

Country

Zip

Country

33305

USA

33305

USA

4. FEI Number

59-1927408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROY G. PASKOW

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

344 MALLARD RD.

City

WESTON

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PSTD
PASKOW, JOAN B.
2100 N. OCEAN BLVD. #902
FT. LAUDERDALE, FL. 33305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan B. Paskow **JOAN B. PASKOW**

3/24/02 954-567-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)