

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90160 013 \*\*\*150.00

**DOCUMENT # 646741**

1. Entity Name  
**CHARTER INVESTMENT FUNDING, INC.**



Principal Place of Business  
**20801 BISCAYNE BLVD., #400**  
**AVENTURA FL 33180**

Mailing Address  
**P.O. BOX 880476**  
**BOCA RATON FL 33488-0476**  
**US**



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 880476**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**AVENTURA FL**

City & State

City & State

4. FEI Number **59-1841479**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33280**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCHETTA, ARTHUR**  
**20479 VIA MARISA**  
**BOCA RATON FL 33498**

Name **MARCHETTA, ARTHUR**

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

**20301 COUNTRY CLUB DR #1028**

City

**AVENTURA**

**FL**

Zip Code

**33180**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD</b> <b>MARCHETTA, ARTHUR E</b> <b>20479 VIA MARISA</b> <b>BOCA RATON FL</b>	<b>NOTE ADDRESS CHANGE</b>
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/20/03 305 9334460**

Date

Daytime Phone #

CR2E034 (10/02)