

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000004659**

1. Entity Name

DISCOUNT FUNDING ASSOCIATES, INC.**FILED****Jan 18, 2001 8:00 am**
Secretary of State

01-18-2001 90017 018 ***150.00

0443147

Principal Place of Business
110 WASHINGTON DRIVE
PO BOX 199
CENTERPORT NY 11721

Mailing Address
110 WASHINGTON DRIVE
PO BOX 199
CENTERPORT NY 11721

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CENTERPORT, NY

Zip Country
Country

City & State
CENTERPORT, NY

Zip Country
Country

4. FEI Number **11-2499341**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NELSON, BECKY
7612 NORTHERN OAK ST.
MELBOURNE FL 32904

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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, 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
	PST			
	MOGELEFSKY, STEPHEN			
	110 WASHINGTON DRIVE			
	CENTERPORT NY 11721			

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

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: STEPHEN MOGELEFSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 631-385-0202

Date Daytime Phone #

CR2E034 (10/00)