

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90159 009 ***158.75

DOCUMENT # F24387

1. Entity Name

FIRST FLORIDA FUNDING CORP.



Principal Place of Business

6447 MIAMI LAKES DR EAST STE 202
MIAMI LAKES FL 33014

Mailing Address

6447 MIAMI LAKES DR EAST STE 202
MIAMI LAKES FL 33014

2. Principal Place of Business

7900 NW 155 Street
Suite, Apt. #, etc.
105

3. Mailing Address

7900 NW 155 Street
Suite, Apt. #, etc.
105

City & State

Miami Lakes, Florida

City & State

Miami Lakes, Florida

Zip

33014

Country

DADE

Zip

33014

Country

DADE

4. FEI Number

59-2083047

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ANDRULONIS, JOSEPH

6447 MIAMI LAKES DRIVE., #202

MIAMI LAKES FL 33014

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. 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

TITLE ☐ Delete
NAME P
STREET ADDRESS ANDRULONIS, JOSEPH
CITY-ST-ZIP 6447 MIAMI LAKES DR, STE 202
MIAMI LAKES FL

TITLE ☐ Delete
NAME ST
STREET ADDRESS ANDRULONIS, CHRISTINA
CITY-ST-ZIP 6447 MIAMI LAKES DR, STE 202
MIAMI LAKES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 registered agent 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:

Joseph Andrulonis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

305-556-0402

Daytime Phone #

CR2E034 (10/02)