

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90005 007 \*\*\*550.00

**DOCUMENT # F95000004368**

1. Entity Name  
**ASTA FUNDING, INC.**

Principal Place of Business  
**210 SYLVAN AVENUE**  
**ENGLEWOOD CLIFFS NJ 07632**

Mailing Address  
**210 SYLVAN AVENUE**  
**ENGLEWOOD CLIFFS NJ 07632**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3388607**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, STE 105**  
**TALLAHASSEE FL 32301**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

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

TITLE ☐ Delete  
NAME **PD STERN, GARY**  
STREET ADDRESS **1252 LYLE TERRACE**  
CITY-ST-ZIP **FAIRLAWN NJ**

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

TITLE ☐ Delete  
NAME **D GLOSSON, BUSTER**  
STREET ADDRESS **6935 BALTUSROZ LANE**  
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE ☐ Delete  
NAME **S HERMAN, MITCHELL**  
STREET ADDRESS **20 RENSHAW DR**  
CITY-ST-ZIP **MONTVILLE NJ**

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

TITLE ☐ Delete  
NAME **D STERN, ARTHUR**  
STREET ADDRESS **3333 HENRY HUDSON PKWY**  
CITY-ST-ZIP **NEW YORK NY**

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

TITLE ☐ Delete  
NAME **D FIFE, MARTIN**  
STREET ADDRESS **25 CENTRAL PARK WEST APT 21-J**  
CITY-ST-ZIP **NEW YORK NY**

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

TITLE ☐ Delete  
NAME **D BADILLO, HERMAN**  
STREET ADDRESS **909 THIRD AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

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

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: NEED SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/02**

Date

**201-567-5648**

Daytime Phone #

CR2E034 (4/02)

Attachment F98000004368

972594

**ASTA FUNDING, INC.**  
**210-Sylvan Avenue, Englewood Cliffs,**  
**NJ 07632**

August 1, 2002

Division of Corporations,  
Uniform Business Report Filings,  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam,

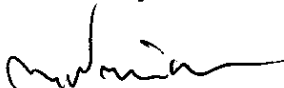
Re: 2002 Uniform Business Report (UBR)

Enclosed please find the following:---

1. Document #F95000004368, duly completed and signed.
2. Check #050421, amounting to \$550.

If you have any questions with regard to this report, please feel free to contact me @ (201) 567-5648 Extension# 240.

Yours truly,



M.N. Mian, CPA  
Assistant Controller,

Michael Jordan, CPA  
Controller