

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001375

1. Entity Name

AMERICAN BUSINESS FINANCIAL SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90100 038 ***150.00

Principal Place of Business

Mailing Address

111 PRESIDENTIAL BLVD., #215
 BALA CYNWYD PA 19004

111 PRESIDENTIAL BLVD., #215
 BALA CYNWYD PA 19004-1004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 982
 Suite, Apt. #, etc.

City & State

City & State

Bala Cynwyd, PA

Zip

Country

Zip

19004

Country

4. FEI Number

87-0418078 70418807

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 SUITE 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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
 NAME LEVIN, DAVID M
 STREET ADDRESS 111 PRESIDENTIAL BLVD., STE. 215
 CITY-ST-ZIP BALA CYNWYD PA

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

TITLE V ☐ Delete
 NAME RUBEN, JEFFREY
 STREET ADDRESS 111 PRESIDENTIAL BLVD., #215
 CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE S ☐ Delete
 NAME SANTILLI, BEVERLY
 STREET ADDRESS 111 PRESIDENTIAL BLVD., #215
 CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE TDC ☐ Delete
 NAME SANTILLI, ANTHONY
 STREET ADDRESS 111 PRESIDENTIAL BLVD., #215
 CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE D ☐ Delete
 NAME KAUFMAN, RICHARD
 STREET ADDRESS 111 PRESIDENTIAL BLVD., #215
 CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE D ☐ Delete
 NAME BECKER, LEONARD
 STREET ADDRESS 111 PRESIDENTIAL BLVD., #215
 CITY-ST-ZIP BALA CYNWYD PA 19004

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

CF

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