

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006730

1. Entity Name  
TNI FUNDING I, INC.



Principal Place of Business  
11900 BISCAYNE BOULEVARD, SUITE 460A  
NORTH MIAMI, FL 33181

Mailing Address  
11900 BISCAYNE BOULEVARD, SUITE 460A  
NORTH MIAMI, FL 33181

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

65-0722138

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
STE 105  
TALLAHASSEE, FL 32301

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BORGES, GREGORY  
11900 BISCAYNE BLVD, STE 460  
NORTH MIAMI, FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HENDERSON, GENE  
11900 BISCAYNE BOULEVARD, SUITE 460A  
NORTH MIAMI, FL 33181 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
LERCH, STEPHEN E  
11900 BISCAYNE BLVD, STE 460A  
N MIAMI, FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000016340130

TITLE  
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☐ Change ☐ Addition

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

GREGORY R. BORGES, TREAS.

Daytime Phone #

4/14/03

FILED

03 APR 18 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

*Zak*

ACCOUNT NO. : 072100000032

REFERENCE : 058541 4338892

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 150.00

ORDER DATE : April 18, 2003

ORDER TIME : 3:49 PM

ORDER NO. : 058541-005

CUSTOMER NO: 4338892

CUSTOMER: Mr. Gregory Borges  
Idine Rewards Network, Inc.  
11900 Biscayne Blvd.  
Suite 460  
Miami, FL 331812708

RECEIVED  
03 APR 18 PM 4:34  
STATE  
DEPARTMENT OF REVENUE  
DIVISION OF TAXATION  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TNI FUNDING I, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 114

EXAMINER'S INITIALS: \_\_\_\_\_