## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F99000002316

Name:

Address: City-St-Zip: FIORE, FRANK

44 HIAWATHA

BRIGHTWATERS, NY 11718

Entity Name: BLS FUNDING GEORGIA CORP

FILED Jul 17, 2002 Secretary of State

Littly Nai	ile. BLOTC	INDING GEORGIA	CORF.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
1101 STEWART AVENUE							
100 GARDEN (	CITY, NY 11	530					
Current Mailing Address:				New Maili	New Mailing Address:		
1101 STEWART AVENUE							
100 GARDEN (	CITY, NY 11	530					
FEI Number:	06-1514292	FEI Number App	lied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
BADAMO, PAUL 21301 POWERLINE ROAD 304					ARGENZIO, MARIO 1000 E HILLSBORO ROAD		
BOCA RATON, FL 33433 US					DEERFIELD BEACH, FL 33441 US		
The above in the State		y submits this state	ement for the pu	rpose of changing i	ts registe	red office or registered agent, or both,	
SIGNATURE: MARIO ARGENZIO					07/17/2002		
Electronic Signature of Registered Agent				t	Date		
		to satisfy its Intangib		rement and elects to o	lo so (X).		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, DA 5 BEECHTR			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V MANSI, DAN 17 JANET LA HAUPPAUGE			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	CFO	( ) Delete		Title:	CFO	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

FIORE, FRANK

3 JILL COURT

GREENLAWN, NY 11740

SIGNATURE: FRANK FIORE VP 07/17/2002