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## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # F99000003550 1. Entity Name NATIONWIDE FUNDING GROUP LTD., CORPORATION 04-29-2002 90051 045 \*\*\*150.00 Principal Place of Business Mailing Address 35-325 DATE PALM DR. #251 35-325 DATE PALM DR., #251 CATHEDRAL CITY CA 92234 CATHEDRAL CITY CA 92234 2. Principal Place of Business 3. Mailing Address 941 E. Valley Parkway same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2nd Floor City & State City & State Applied For 4. FEI Number 56-2138584 Escondido Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 92025 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, SAM Street Address (P.O. Box Number is Not Acceptable) 5204-B EUROPE DR. **BOYNTON BEACH FL 33437** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD Addition ☐ Delete MORRISON, ANN NAME STREET ADDRESS 40380 DESERT CREEK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RANCHO MIRAGE CA Michelle Karvounis X Addition TITLE X Delete ☐ Change TITLE NAME NAME CAHALAN, MAUREEN 941 E. Valley Pkwy - 2nd Floor STREET ADDRESS 10 WINDWOOD PASS STREET ADDRESS Escondido CA 92025 CITY-ST-ZiP CITY-ST-ZIP DANA POINT CA Vice President Addition = TITLE -TITLE: ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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