

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006290

1. Entity Name

ASSOCIATED FOREIGN EXCHANGE, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90310 034 ***150.00

Principal Place of Business

16133 VENTURA BLVD., STE. 900
ENCINO CA 91436

Mailing Address

16133 VENTURA BLVD., STE. 900
ENCINO CA 91436

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 **94-2674321**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 2001 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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	KUNIK, FRED	
STREET ADDRESS	1108 E. 17TH ST.	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	BARR, IRVING	
STREET ADDRESS	1108 E. 17TH ST.	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUFF, JAMES	
STREET ADDRESS	16133 VENTURA BLVD., STE. 900	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	LASAT, LOTA	
STREET ADDRESS	221 SANSOME ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, WILLIAM J III	
STREET ADDRESS	1108 E. 17TH ST.	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUNIK, FRED	
STREET ADDRESS	1108 E. 17TH ST.	
CITY-ST-ZIP	SANTA ANA CA 92701	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAMES MUFF

Date

Daytime Phone #

4/10/01 818.386.2702

CR2E034 (10/00)