

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G19744**

1. Entity Name

FORTUNE FUNDING CORPORATION OF AMERICA

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90047 026 ***150.00

Principal Place of Business

**434 VITTORIO AVE.
CORAL GABLES FL 33146-9842**

Mailing Address

**434 VITTORIO AVE.
CORAL GABLES FL 33146-9842**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2247325**

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTY, CARL
434 VITTORIO
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

City

State

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 the filer (if applicable)

(NOTE: Registered Agent's signature required when relinquishing)

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	P	☐ Delete
NAME	PATTY, CARL	
STREET ADDRESS	434 VITTORIO AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	STD	☐ Delete
NAME	PATTY, LINDA C.	
STREET ADDRESS	434 VITTORIO AVE.	
CITY-STATE-ZIP	CORAL GABLES, FL 00000	
TITLE	VP	☐ Delete
NAME	FERNANDEZ, PETER R	
STREET ADDRESS	434 VITTORIO AVE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	D	☐ Delete
NAME	PATTY, MICHAEL	
STREET ADDRESS	430 VITTORIO AVE.	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-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 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

Phone Number

4/23/01 (305) 667-4620

CR2E034 (10/00)