

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72029

1. Entity Name

FUNDING U.S.A. CORP.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90005 020 ***150.00

Principal Place of Business

Mailing Address

2501 EAST COMML BLVD
FT LAUDERDALE FL 33308
US

2501 EAST COMML BLVD
FT LAUDERDALE FL 33308
US

LU041351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

545 FT LAUD Bch Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL LAUD 33316

City & State

4. FEI Number 65-0106347

Applied For
Not Applicable

Zip

Country

Zip

Country

FL USA

33316

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAND, MARK
250 E. COMML BLVD
#210
FT LAUDERDALE FL 33308

Name

MARK SAND

Street Address (P.O. Box Number is Not Acceptable)

545 FT LAUD Bch Blvd #201

City

FT LAUD

FL

Zip 33316

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

MARK SAND

3/17/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAND, MARK
STREET ADDRESS 2501 E. COMML BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33-3608

TITLE MARK SAND - D
NAME
STREET ADDRESS 545 FT LAUD Bch Blvd #201
CITY-ST-ZIP FT LAUD FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

3/17/00

Daytime Phone #

767-4747

CR2E034 (9/99)