

2002 UNIFORM BUSINESS REPORT (UBR)

7/8/

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-08-2002 90237 003 ****50.00

DOCUMENT # L00000005477

1. Entity Name

1530 COLLINS FUNDING, LLC

Principal Place of Business

C/O HOWARD R. SCHARLIN
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130

Mailing Address

C/O HOWARD R. SCHARLIN
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130

40620

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

12-4142227

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHARLIN, HOWARD R
 MELLON UNITED NATIONAL BANK BUILDING
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **M KATCHER, GERALD**
 STREET ADDRESS **1399 SW 1 AVE**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/5/02 305-376-2445