

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014279

1. Entity Name

USA COLLEGE FUNDING, LLC

FILED

01 JUN 27 AM 8:47

Principal Place of Business

1320 S. DIXIE HIGHWAY, SUITE 214
CORAL GABLES FL 33146

Mailing Address

1320 S. DIXIE HIGHWAY, SUITE 214
CORAL GABLES FL 33146

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

80 SW 8 Street

3. Mailing Address

80 SW 8 Street

Suite, Apt. #, etc.

2000

Suite, Apt. #, etc.

2000

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1063645

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MORALES, CARY

770 CLAUGHTON ISLAND DRIVE, APT. 815

MIAMI FL 33131

new address
80 SW 8 Street
#2000
Miami, FL
33130

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

6-25-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

MANAGING member
Cary Morales
80 SW 8 Street #2000
Miami, FL 33130

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

MANAGING member
Osvaldo R. Morales
80 SW 8 Street #2000
Miami, FL 33130

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

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

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

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

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

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

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

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

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

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

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

Date

Daytime Phone #

(305)
4-30-01 462-1229

0009752 AF

CR2E083 (11/00)