FROM : WALLIS-AHO   FAX NO. : 1-561-547-605 5/5

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Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 91896 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89555

1. Entity Name
SECURED FUNDING, INC.

55046179

Principal Place of Business
1001 W. CYPRESS CREEK RD.
STE. #410
FT LAUDERDALE, FL 33309-1951

Mailing Address
1001 W. CYPRESS CREEK RD.
STE. #410
FT LAUDERDALE, FL 33309-1951

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2514 GOLF VIEW DR	2514 GOLF VIEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FlORIDA	City & State: Weston Florida
Zip: 33327 Country: Broward	Zip: 33327 Country: Broward

4. FEI Number: 65-0208255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLUBSKI, ESTHER C.
1001 W. CYPRESS CREEK RD
SUITE 410
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name: ESTHER GOLUBSKI
Street Address (P.O. Box Number is Not Acceptable): 2514 GOLF VIEW DR
City: weston FL Zip Code: 33327

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: Esther C. Golubski   DATE: 4/30/03

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPS President ☐ Delete	TITLE	DPS President ☐ Change [X] Addition
NAME	GOLUBSKI, ESTHER C.	NAME	ESTHER GOLUBSKI C.
STREET ADDRESS	1001 W. CYPRESS CREEK RD 410	STREET ADDRESS	2514 GOLF VIEW DR
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP	weston Fl. 33327
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Esther Golubski   Date: 4/30/03   Daytime Phone #: 954-349-8539

CR2E034 (10/02)