

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-23-2002 90046 030 ****50.00

DOCUMENT # L98000002869

1. Entity Name

FORTUNE FUNDING, L.L.C.

Principal Place of Business

110 EAST 59TH STREET, 20TH FLOOR.
NEW YORK NY 10022

Mailing Address

110 EAST 59TH STREET, 20TH FLOOR
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2329796

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONN, TERRI GRUMER
SIMON SCHINDLER & SANDBERG, P.A.
2650 BISCAYNE BLVD
MIAMI FL 33137

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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBERS	<input type="checkbox"/> Delete
NAME	OLNICK, SYLVIA	
STREET ADDRESS	110 EAST 59TH STREET, 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	MEMBERS	<input type="checkbox"/> Delete
NAME	BARBARA LANE	
STREET ADDRESS	110 EAST 59TH STREET 20TH FLOOR	
CITY-ST-ZIP	NYC NY 10022 members	
TITLE	MEMBERS	<input type="checkbox"/> Delete
NAME	NANCY LATEINER TRUST	
STREET ADDRESS	110 EAST 59TH STREET 20TH FLOOR	
CITY-ST-ZIP	NYC NY 10022	
TITLE	MEMBERS	<input type="checkbox"/> Delete
NAME	TRUSTEE ROBERT SOLMICK	
STREET ADDRESS	110 EAST 59TH STREET 20TH FLOOR	
CITY-ST-ZIP	NYC NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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] REQUIRED *[Signature]* 1/15/02

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

Date

Daytime Phone #

CR2E083 (9/01)

Attachment
16349
298 00000869

FORTUNE FUNDING, LLC		CHASE MANHATTAN BANK, N.A.	1-2/210
110 E. 59TH ST. 20TH FLOOR		1 CHASE MANHATTAN PLAZA	CHECK NO. 4067
NEW YORK NY 10022		NEW YORK NY 10081	908892
DATE 07/15/02			AMOUNT \$ *****50.00
PAY TO THE ORDER OF DEPT OF STATE			
AUTHORIZED SIGNATURE			
AUTHORIZED SIGNATURE			

⑈004067⑈ ⑈021000021⑈ ⑈910 2 537843⑈ ⑈0000005000⑈

