

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90053 034 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P006000391660
1. Entity Name
 INTERNATIONAL FUNDING ASSOCIATES, INC. ✓

Principal Place of Business
 4343 FOX HOLLOW
 WESTON, FL 33331

Mailing Address
 4343 FOX HOLLOW
 WESTON FL 33331

2. Principal Place of Business
 4343 FOX HOLLOW
 Suite, Apt. #, etc.

3. Mailing Address
 4343 FOX HOLLOW
 Suite, Apt. #, etc.

City & State
 WESTON FL

City & State
 WESTON FL 33331

Zip 33331 **Country** USA

Zip 33331 **Country** USA

4. FEI Number 65-1076308 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PATRICK J PERKINS
 4343 FOX HOLLOW
 WESTON, FL 33331

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

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, 2001 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

TITLE PRESIDENT NAME PATRICK J PERKINS STREET ADDRESS 4343 FOX HOLLOW CITY-ST-ZIP WESTON FL 33331	<input type="checkbox"/> Delete
TITLE VICE PRESIDENT NAME FRANK SUANNAVINO STREET ADDRESS 1500 CHESTNUT ST APT 14B CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patrick J Perkins PATRICK J PERKINS **4-27-01** 954-659-0293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)