## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000078642 1. Entity Name 04-24-2001 90324 035 \*\*\*150.00 ASPER FINANCIAL & FUNDING RESOURCES, INC. Principal Place of Business Mailing Address 7597 NORTHWEST 74TH AVENUE 7597 NORTHWEST 74TH AVENUE TAMARAC FL 33321 TAMARAC FL 33321 43936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 1036032 City & State City & State Applied For Not Applicable Zip Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 retristating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State APDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CRZE034 (10/00) Delete TITE F TITLE GRAY, ANN NAME NAME STREET ADDRESS 7597 NORTHWEST 74TH AVENUE STREET ADDRESS 42.3332 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-7P **Addition** Delete TUTLE TITLE SCHONFELD, ANA NAME NAME 7597 NORTHWEST 74TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 STD ☐ Change Addition TITLE Delete GRAY, WILLIAM NAME NAME STREET ADDRESS 7597 NORTHWEST 74TH AVENUE STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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-7IP 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 GRA SIGNATURE:

FILED

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