

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087550

1. Entity Name  
HOUSTON FUNDING CORP.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90055 006 \*\*\*550.00

0073442 AV

Principal Place of Business  
11000 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH FL 33410

Mailing Address  
11000 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
11000 PROSPERITY FARMS RD  
Suite, Apt. #, etc.  
SUITE 204  
City & State  
PALM BEACH GARDENS FL  
Zip  
33410  
Country  
PALM BEACH

3. Mailing Address  
11000 PROSPERITY FARMS RD  
Suite, Apt. #, etc.  
SUITE 204  
City & State  
PALM BEACH GARDENS, FL  
Zip  
33410  
Country  
PALM BEACH

4. FEI Number  
65-1040505  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PSD	<input type="checkbox"/> Delete
NAME	CALANDRA, MICHAEL D	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD SUITE 201	
CITY-ST-ZIP	PALM BEACH FL 33410	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CELLA, WILLIAM	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD SUITE 201	
CITY-ST-ZIP	PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALANDRA, MICHAEL D	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD, SUITE 204	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, WILLIAM	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD, SUITE 204	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM CELLA 9/14/01 561-776-0277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)