

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000094446	
1. Entity Name RECEIVABLE FINANCING CORP.	
Principal Place of Business 2700 N. MILITARY TRAIL S-220 BOCA RATON, FL 33431	Mailing Address 2700 N. MILITARY TRAIL S-220 BOCA RATON, FL 33431
2. Principal Place of Business	3. Mailing Address 2300 W. SAMPLE RD S-202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State POMPANO BEACH, FL
Zip	Zip 33073
Country	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 20 AM 9:31

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL + UTRERA P.A. 343 ALMERIA AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Michael P. Wolfman Street Address (P.O. Box Number is Not Acceptable) 1900 S. OCEAN BLVD APT "PHD" City Lauderdale by the Sea, FL Zip Code 33062	
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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]* **MICHAEL P. WOLFMAN** **NOV 8, 2001**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *[Signature]* **NOV. 8, 2001** **954-970-3251 X 15**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

MICHAEL P. WOLFMAN
1900 S Ocean Blvd. Apt "PHD"
Lauderdale by the Sea, FL 33062

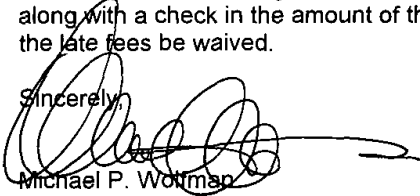
Friday, November 09, 2001

Uniform Business Report
DIVISION OF CORPORATIONS
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it may concern:

Previous notices for the 2001 Uniform Business Report were not received by our firm due to an address change. I have enclosed the Uniform Business Report for 2001 along with a check in the amount of the \$150.00 required. Accordingly, I request that the late fees be waived.

Sincerely,



Michael P. Wolfman
President