

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90457 024 \*\*\*550.00

**DOCUMENT # P01000029742**

1. Entity Name  
**EZ FUNDING ASSOCIATION INC.**

Principal Place of Business  
**140 W FLAGLER ST STE 1107**  
**MIAMI FL 33130**

Mailing Address  
**140 W FLAGLER ST STE 1107**  
**MIAMI FL 33130**

2. Principal Place of Business  
**3050 Biscayne Blvd.**

3. Mailing Address  
**3050 Biscayne Blvd.**

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33137**

Country  
**Miami-Dade**

Zip  
**33137**

Country  
**Miami-Dade**

4. FEI Number  
**65-1085071**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC**  
**941 4TH STREET #200**  
**MIAMI BEACH FL 33139**

## 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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSBY, DEAN</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKNIGHT, IRBY</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROMANI, BARBARA</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, KAREN</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLUGER, ELEANOR</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WIGGINS, PAUL</b>	
STREET ADDRESS	<b>140 W FLAGLER ST STE 1107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	

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

TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Goldsby, Dean</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McKnight, Irby</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Romani, Barbara</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Finnie, Bryan</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kluger, Eleanor</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carey, Rodney</b>	
STREET ADDRESS	<b>3050 Biscayne Blvd., Suite 300</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 REQUIRED**  
**Signature and typed or printed name of signing officer or director**  
**Rodney Carey, President**

Date

Daytime Phone #

**6/11/02 305-372-7620**

CR2E034 (9/01)