

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90279 012 ***150.00

DOCUMENT # P01000029742

1. Entity Name
EZ FUNDING ASSOCIATION INC.



Principal Place of Business
3050 BISCAYNE BLVD
STE 300
MIAMI FL 33137

Mailing Address
3050 BISCAYNE BLVD
STE 300
MIAMI FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1085071**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	GOLDSBY, DEAN	
STREET ADDRESS	3050 BISCAYNE BLVD., STE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKNIGHT, IRBY	
STREET ADDRESS	3050 BISCAYNE BLVD., STE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANI, BARBARA	
STREET ADDRESS	3050 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINNIE, BRYAN	
STREET ADDRESS	3050 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUGER, ELEANOR	
STREET ADDRESS	3050 BISCAYNE BLVD., STE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAREY, RODNEY	
STREET ADDRESS	3050 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI FL 33137	

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	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Rodney Carey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03
Date

305-372-7620
Daytime Phone #

CR2E034 (10/02)