

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90173 048 ***150.00

DOCUMENT # P01000096752

1. Entity Name

PRIORITY FUNDING GROUP, INC.

Principal Place of Business

8010 NORTH UNIVERSITY DRIVE
 2ND FLOOR
 FT. LAUDERDALE FL 33321

Mailing Address

8010 NORTH UNIVERSITY DRIVE
 2ND FLOOR
 FT. LAUDERDALE FL 33321

10910

2. Principal Place of Business

6600 NW 12TH AVE

3. Mailing Address

6600 N.W. 12TH AVE.

Suite, Apt. #, etc.

SUITE 216

Suite, Apt. #, etc.

SUITE 216

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-1144418

Applied For

Not Applicable

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

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

ROBERT D. LETTMAN P.A.
 8010 N. UNIVERSITY DRIVE
 2ND FLOOR
 FT. LAUDERDALE FL 33321

ARLENE
 SCHAEFMAN

Name ~~PRIORITY FUNDING GROUP, INC.~~

Street Address (P.O. Box Number is Not Acceptable)

6600 NW 12TH AVE

SUITE 216

City FT. LAUDERDALE

FL

Zip Code 33309

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 Arlene Schaefer

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

(NOTE: Registered Agent signature required when reinstating)

1/10/02

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	PRINCIPAL BROKER	<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		
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	PRINCIPAL BROKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE SCHAEFMAN	
STREET ADDRESS	2322 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
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		

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: Arlene Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 954-202-7797

Date

Daytime Phone #

CR2E034 (9/01)