

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90667 020 ***150.00

DOCUMENT # P02000038018

1. Entity Name

FIRST U.S.A. FUNDING, INC.



Principal Place of Business
531 N OCEAN BLVD.
SUITE 201
POMPANO BEACH FL 33062

Mailing Address
531 N OCEAN BLVD.
SUITE 201
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75 303 9894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SINGH, BALWINDER
531 N OCEAN BLVD.
SUITE 201
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

RITU B. HOLLIS

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

531 N OCEAN BLVD

City

POMPANO BEACH

FL

Zip Code

33062

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]

(NOTE: Registered Agent signature required when reinstating)

1/13/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAWHNEY, NIRMAL
STREET ADDRESS 531 N OCEAN BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE VD
NAME BHARDWAJ, DHARAM R
STREET ADDRESS 531 N OCEAN BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

TITLE SD
NAME SAWHNEY, PANKAJ
STREET ADDRESS 531 N OCEAN BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

TITLE TD
NAME HOLLIS, RITU B
STREET ADDRESS 531 N OCEAN BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

954 650 3907

Daytime Phone #

CR2E034 (10/02)