

8/13/2003-90074-014-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -2 AM 8:00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000081585

1. Entity Name
1ST NATIONWIDE FUNDING, INC.



Principal Place of Business
140 JEFFERSON AVENUE
APT. 14023
MIAMI BEACH, FL 33139

Mailing Address
140 JEFFERSON AVENUE
APT. 14023
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

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

HOLLANDER, MARK J
11410 N. KENDALL DRIVE
SUITE 207
MIAMI, FL 33176

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 fee if applicable

(NOTE: Registered Agent/Signature required when filing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TRIJILLO, JAMAIS
STREET ADDRESS 140 JEFFERSON AVENUE, APT. 14023
CITY-STATE-ZIP MIAMI BEACH, FL 33139 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Current Period

CR20034 (10/02)

7/18/03

Attachment 80138137
#P02000081585

HOLLANDER & ASSOCIATES, INC.

11410 North Kendall Drive, Suite 207
Miami, Florida 33176
Tel (305) 275-2557
Fax (305) 275-2588

July 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: 1st Nationwide Funding, Inc.

To Whom It May Concern:

This letter is in reference to the above. We contacted the State last week to discuss the fact that our client did not receive their annual report; we were instructed to write this letter, and send the fee for \$ 150.00. We ask that you update your records for the future.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,


Mark J. Hollander