

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

4/3

04-30-2003 90151 017 \*\*\*150.00

DOCUMENT # P02000130086

1. Entity Name

COMMUNITY FUNDING CORP.



Principal Place of Business

150 OLD COUNTRY ROAD  
#201  
MINEOLA NY 11501

Mailing Address

150 OLD COUNTRY ROAD  
#201  
MINEOLA NY 11501

2. Principal Place of Business

10787 BUTTON WOOD LAKE

3. Mailing Address

10787 BUTTON WOOD LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

42-1571403

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KIRSCHBAUM, SHELDON

7464 W. MERCADA WAY

DELRAY BEACH FL 33448

7. Name and Address of New Registered Agent

Name KIRSCHBAUM, WARREN

Street Address (P.O. Box Number is Not Acceptable) 10787 BUTTON WOOD LAKE DRIVE

City BOCA RATON

FL

Zip Code 33498

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 WARREN KIRSCHBAUM

APRIL 28, 2003

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 Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR  
NAME WARREN KIRSCHBAUM  
STREET ADDRESS 10787 BUTTON WOOD LAKE DR  
CITY-ST-ZIP BOCA RATON, FL 33498

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

WARREN KIRSCHBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2003 561-8521142

Date

Daytime Phone #

CR2034 (10/02)