2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000010487 **DOCUMENT #**

1. Entity Name UFC FINANCIAL HOLDINGS CORP.



Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90081 037 ***150.00

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Principal Place of Business 111 SYLVAN AVE. NEWARK NJ 07104 US			Mailing Address 111 SYLVAN AVE. NEWARK NJ 07104					1 108/1881 118 (4168 JS1); 881/1 881/1	41 00 40 0		FIJ 0 (0 0 1 1	4 711 1 23 1 1 31 1			
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Principal Place of Business 3. Mailing Address								1					0) 132 15		
Suite, Apt.	# etc		Suit	te Apt. #. etc.				-	_						
Suite, Apt.	. #, G.O.		111 SYLVAN AVINEWARK NJ 071 US 3. Mailing Address Suite, Apt. #, 6 City & State Zip rivent Registered Agent ent for the purpose of characteristics diagent and title if applicable. 0 0.00 ent of State AND DIRECTORS Di	e, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State				City & State				0071419493				plied For			
												Not Applicable			
Zip Country			Zip		Country			5. C	Certificate of Status Desired			75 Add Require			
6. Name and Address of Current Registered Agent						T		7. N	ame and Address of New Re	and Address of New Registered					
	*		<u> </u>			Name									
COHEN, FRED C						Street Address (P.O. Box Number is Not Acceptable)									
712 U.S. HIGHWAY ONE						Street Au	iuiess (,r.O. b(ox Number is Not Acceptable)						
N PALM E	BÈACH FL 3	3408													
						City			· · · · · · · · · · · · · · · · · · ·	F	Ž	Zip Code	e		
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	e named entity tions of regist		the purp	oose of changing its r	egister	ed office or	register	red age	ent, or both, in the State of Flor	ida. Iar	n ramili	ar with,	and accept		
SIGNATURE															
SIGNATORE	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE:	Registere	ed Agent signatur	re required	when rei	nstating)	DATE					
FILE NOW!!! FEE IS \$150.00									A Flaction Compaign Fine	:		ec 0	۰		
After May 1, 2003 Fee will be \$550.00						,			 Election Campaign Final Trust Fund Contribution 	-			0 May Be I to Fees		
Make Chec	k Payable to	Florida Department of	State												
10.		OFFICERS AND I	DIRECTO	PRS	11.			ADI	DITIONS/CHANGES TO OFFI	CERS A					
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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 of 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition