

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033141

1. Entity Name
INVOICE FUNDING USA, INC.

Principal Place of Business
2300 W. SAMPLE RD.
STE 202
POMPANO BCH FL 33073
US

Mailing Address
2300 W. SAMPLE RD.
STE 202
POMPANO BCH FL 33073
US

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 65-0576312

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

WOLFMAN, MICHAEL P
5880 TOWN BAY DR., STE 1024
SUITE 2718
BOCA RATON FL 33486

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MALLER, STEPHEN R
STREET ADDRESS 125 10 QUEENS BLVD
CITY-ST-ZIP KEW GARDENS NY ☐ Delete

TITLE
NAME 500004661295-3
STREET ADDRESS -10/31/01--01059--012
CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

TITLE CP
NAME WOLFMAN, MICHAEL
STREET ADDRESS 5880 TOWN BAY DR., APT. 1024
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01

9549703251 x15

Date

Daytime Phone #

CR2E034 (5/01)

FILED
01 SEP 28 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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