

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90215 041 \*\*\*150.00

**DOCUMENT # P95000097658**

1. Entity Name  
**MUIRFIELD 1ST FUNDING, INC.**

Principal Place of Business  
**100 E. LINTON BLVD.**  
~~# 202B~~  
**DELRAY BEACH FL 33483**

Mailing Address  
**100 E. LINTON BLVD.**  
~~# 202B~~  
**DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 E. Linton Blvd**  
 Suite, Apt. #, etc.  
**108-B**

3. Mailing Address

**100 E. Linton Blvd**  
 Suite, Apt. #, etc.  
**108-B**

City & State  
**Delray Beach, FL**  
 Zip  
**33483** Country  
**Palm Bn**

City & State  
**Delray Beach, FL**  
 Zip  
**33483** Country  
**Palm Bn**

4. FEI Number **65-0628572**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SRAMOWICZ, STEVEN**  
**100 E. LINTON BLVD.**  
~~STE 202B~~  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **VINCENT FERRI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4830 PINE TREE DR**  
 City **Boynton Bn FL** Zip Code **33436**

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 *Vincent Ferri* **VINCENT FERRI** **4/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE **DP** ☐ Delete  
 NAME **SRAMOWICZ, STEVEN**  
 STREET ADDRESS **2506 ASPEN WAY**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **DVP** ☒ Delete  
 NAME **FERRI, ALICIA**  
 STREET ADDRESS **4830 PINE TREE DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **100 E. Linton Blvd, 108-B**  
 CITY-ST-ZIP **Delray Bn, FL 33483**

TITLE **DVP** ☐ Change ☒ Addition  
 NAME **VINCENT FERRI**  
 STREET ADDRESS **4830 PINE TREE DR**  
 CITY-ST-ZIP **Boynton Beach, FL 33436**

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

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

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

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: *Vincent Ferri* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (561) 702-0949**  
 Date Daytime Phone #

MD0147 AV

CR2E034 (9/01)