

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001654

1. Entity Name

ALL FLORIDA FUNDING, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90033 039 ***150.00

Principal Place of Business

Mailing Address

500 EAST SEMORAN BLVD
SUITE 2K
CASSELBERRY FL 32707
US

500 E SEMORAN BLVD
SUITE 2K
CASSELBERRY FL 32707-5338
US

2. Principal Place of Business

301-A South Milwre St.

3. Mailing Address

301-A South Milwre St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3362800

Applied For

Not Applicable

Zip

Country

32750 USA

Zip

Country

32750 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MELVYN S.
500 E. SEMORAN BLVD., STE 2K
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

MELVYN S. BERNSTEIN

Street Address (P.O. Box Number is Not Acceptable)

301-A South Milwre St.

City

Longwood

FL

Zip Code

32750

8. The above named entity submits the 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

Mel Bernstein President

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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, 2000 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 PD
NAME BERNSTEIN, MELVYN S.
STREET ADDRESS 538 FREEMAN ST
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Melvyn S. Bernstein ☒ Change ☐ Addition
STREET ADDRESS 301-A South Milwre St.
CITY-ST-ZIP Longwood FL 32750

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

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

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

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

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

MEL BERNSTEIN

Date

5-1-00

Daytime Phone

407-331-8766

2/1/00

CR2E034 (9/99)