2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000002859** May 09, 2000 8:00 am Secretary of State UNITED AMERICAN FUNDING CORPORATION 05-09-2000 90044 046 ***150.00 Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD. 1451 W. CYPRESS CREEK RD. STE 300 STE 300 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-1953 3. Mailing Address 2. Principal Place of Business 3500 Gateway 3500 Gate wa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Pompano Beach Applied For 4. FEI Number City & State 65-0630812 Not Applicable aneamo Country \$8.75 Additional 5. Certificate of Status Desired 3306 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dettencour4 Nigel BETTENCOURT, NIGEL A G. Box Number is not acceptable) 1451 W. CYPRESS CREEK RD. **STE 300** FORT LAUDERDALÉ FL 33309 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. POVPTS PD Addition TITLE TITLE ☐ Delete Bettercourt, Nigel A. BETTENCOURT, NIGEL A NAME NAME 3500 Gateway Drive, Ste. 106 5420 NW 55 BLVD, APT 13-304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tompano Beh **COCONUT CREEK FL 33073** ☐ Change ☐ Addition Delete TITLE TITLE GLATT, MARSHALL NAME NAME STREET ADDRESS 6474 VIA ROSA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE Delete. TITLE NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 thistee 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 epipowered.

SIGNATURE DID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO