

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066033

1. Entity Name
AMERICA FINANCIAL FUNDING, CORP.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 016 ***150.00

Principal Place of Business

1700 SW 57TH AVE
STE 208
MIAMI FL 33155
US

Mailing Address

1700 SW 57TH AVE
STE 208
MIAMI FL 33155
US

00045885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1136 N.W. 136th CT.

3. Mailing Address

P.O. BOX 940066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number 65-0688397

Applied For

Not Applicable

Zip

33182

Country

Zip

33194-0066

Country

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

DOMINQUEZ, CARMEN
11011 S W 69 DR
MIAMI FL 33173

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS OCHOA, SANDOR R
CITY-ST-ZIP 555 NE 15 ST., PH C 1136 N.W. 136th CT.
MIAMI FL 33132 MIAMI, FL. 33182

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

TITLE ☐ Delete
NAME D
STREET ADDRESS OCHOA, MARTHA P
CITY-ST-ZIP 555 NE 15 ST., PH C 1136 N.W. 136th CT.
MIAMI FL 33132 MIAMI, FL. 33182

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

TITLE ☐ Delete
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: SANDOR R. OCHOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01 305-227-5468

Daytime Phone #

CR2E034 (10/00)