

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90050 033 ***150.00

DOCUMENT # P97000016822

1. Entity Name

FIRST FEDERATED FUNDING CORP. OF SOUTH FLORIDA,

Principal Place of Business

1515 UNIVERSITY DRIVE #115
CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DRIVE #115
CORAL SPRINGS FL 33071

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8100 University Drive

Suite, Apt. #, etc.

105

City & State

Tamara

Zip

33321

Country

USA

Mailing Address

8100 University Drive

Suite, Apt. #, etc.

105

City & State

Tamara

Zip

33321

Country

USA

4. FEI Number 65-0739259

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

SADDI, NAVEEN

1515 UNIVERSITY DRIVE #115
CORAL SPRINGS FL 33071

Name

Naveen Saddi

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

8100 University Drive #105

City

Tamara

FL

Zip Code

33321

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	D	<input type="checkbox"/> Delete
NAME	SADDI, NAVEEN	
STREET ADDRESS	1515 UNIVERSITY DR 115A	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saddi, Naveen	
STREET ADDRESS	8100 University Drive #105	
CITY-ST-ZIP	Tamara, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Daytime Phone #

724-8747

CR2E034 (10/00)