2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
02-04-2002 90177 033 ***150.00

DOCUMENT # P97000086950

1. Entity Name
A-1 CAPITAL FUNDING, INC.

Principal Place of Business	Mailing Address
6555 N. POWERLINE RD. SUITE 208 FT. LAUDERDALE FL 33309	6555 N. POWERLINE RD. SUITE 208 FT. LAUDERDALE FL 33309

14106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6555 N. Powerline Rd	6555 N. Powerline Rd
Suite, Apt. #, etc.: # 208	Suite, Apt. #, etc.: # 208
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number 65-0785709 ☐ 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
SARJI, JOHN 6555 N. POWERLINE RD. SUITE 208 FT. LAUDERDALE FL 33309	Name: Jason Sarji Street Address (P.O. Box Number is Not Acceptable): 6555 N. Powerline Rd # 208 City: Ft. Lauderdale FL Zip Code 33309

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~SARJI, JOHN~~ 6555 N. POWERLINE RD. SUITE 208 FT. LAUDERDALE FL 33309 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jason Sarji 6555 N. Powerline Rd # 208 Ft. Lauderdale, FL ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED~~ Jason Sarji 1-16-2002 954-492-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JASON SARJ 2-22-02