

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026172

1. Entity Name

FLORIDA FUNDING & EQUITY CORP.

Principal Place of Business

Mailing Address

920 SW 67 AVE.  
MIAMI FL 33144

920 SW 67 AVE.  
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

2334 SW 67 ave  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33155

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHECHTER, PHILIP J CPA  
7700 NORTH KENDALL DRIVE #805  
MIAMI FL 33156

Name

Carlos Reyes

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

14902 SW 80 ST #208

City

Miami

FL

Zip Code

33193

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

4-18-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
REYES, CARLOS  
14902 SW 80 ST #208  
MIAMI FL 33193

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

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

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

Date

Daytime Phone #

4-18-01

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90175 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)