

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90039 038 ***150.00

DOCUMENT # P99000036715

1. Entity Name

CAMBRIDGE FUNDING CORP.

Principal Place of Business

**3935 194TH TRAIL
 MIAMI FL 33160**

Mailing Address

**3935 194TH TRAIL
 MIAMI FL 33160**

change

change

000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4820 NW 128th

3. Mailing Address

4820 NW 128th

Suite, Apt., etc.

Suite, Apt., etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0914112

Applied For

Not Applicable

Zip

33054

Country

USA

Zip

33054

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NADEL, HOWARD B
 800 CORPORATE DRIVE SUITE 420
 FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

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, 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

TITLE **P**
 NAME **GROLL, LARRY**
 STREET ADDRESS **3935 NE 194 TRAIL**
 CITY-ST-ZIP **MIAMI FL 33054**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 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 Larry Groll

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #