

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90054 019 ***150.00

DOCUMENT # P99000047937

1. Entity Name

AFFORDABLE FAMILY FUNDING, INC.

Principal Place of Business

10050 OASIS PALM DR.
TAMPA FL 33615

Mailing Address

10050 OASIS PALM DR.
TAMPA FL 33615-2778

2. Principal Place of Business

10050 Oasis Palm Drive

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tampa

City & State

Zip 33615

Country Hillsborough

Zip

Country

4. FEI Number

593577197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, SANDEL L.D.
10050 OASIS PALM DR.
TAMPA FL 33615

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, 2000 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 NAME ☐ Delete

President
Sandel L.D. Torres
10050 Oasis Palm Dr. Tampa, FL 33615

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE 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:

Sandel L.D. Torres

4/21/2000

(813) 880-8906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)