

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 017 ***150.00

DOCUMENT # P99000104202

1. Entity Name

EZ FUNDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business + MAILING

59 W. HILLSBORO BLVD

3. Mailing Address - PREVIOUS

10890 FOX GLEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH FL

City & State

BOCA RATON, FL

4. FEI Number

65-0964977

Applied For

Not Applicable

Zip

33441

Country

BROWARD

Zip

33428

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GRAHAM, MAURICE ESQ

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

331 EAST PROSPECT RD

City

OAKLAND PARK

FL

Zip Code

33334

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>PTD</u>
NAME	<u>GHANEM, NORMAN</u>
STREET ADDRESS	<u>9581 TROPICAL PARK PL</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33428</u>
TITLE	<u>VSD</u>
NAME	<u>BARTELL, MICHAEL</u>
STREET ADDRESS	<u>1583 S.W. 6TH TERRACE</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33486</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Bartell Michael Bartell

4/4/02 954-426-3404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)