## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # S61311** 1. Entity Name U.S. FUNDING CORPORATION 05-03-2000 90053 010 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 141046 P.O. BOX 141046 CORAL GABLES FL 33114-1046 CORAL GABLES FL 33114 725032 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0269848 Not Applicable \$8.75 Additional Zip Country Country 5: Certificate of Status Desired - - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLKER, WALTER Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE **SUITE 1010 MIAMI FL 33131** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Detete TITLE TITL F NAME KOLKER, WALTER STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE., SUITE 1010 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

(305)858-6500)

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