2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

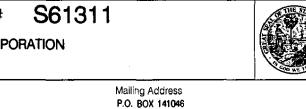
DOCUMENT # 1. Entity Name

P.O. BOX 141046

Principal Place of Business

CORAL GABLES FL 33114

U.S. FUNDING CORPORATION



CORAL GABLES FL 33114



04-23-2003 90288 050 ***150.00



2. Principal P	Place of Business	3. Mailing Address		TI TERLIA DE LITA ATRA ATRA DIRAN TIDOS LITAS BIRRIL BIRRI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0269848 Applied For Not Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi		
	6. Name and Address of Curre	nt Registered Agent	····· L	7. Name and Address of New Registered Agent		
		<u> </u>	Name			
KOLKER, WALTER 2 ALHAMBRA PLAZA			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
PENTHOUSE 1A CORAL GABLES FL 33134			City	FL Zip Code		
the obligat SIGNATURE .	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00		ng its registered office or reg			
Ąfte	r May 1, 2003 Fee will be \$550.0 Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Name Street address City-St-Zip	D Kolker, Walter 2 Alhambra Plaza, Pentho Coral Gables Fl 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE		Delete.	TITLE	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	LI Dilat.	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	☐ Change ☐ Addition		
INTLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Addition Change Addition 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 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

TURE REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 305-342 1027
Date Daytime Phone #