

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90014 050 ***150.00

DOCUMENT # S72739

1. Entity Name
FLORIDA FUNDING ASSOCIATES, INC.

Principal Place of Business

2061 NW BOCA RATON BLVD
 #202
 BOCA RATON FL 33431
 US

Mailing Address

P.O. BOX 4029
 BOCA RATON FL 33429
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0295928**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACKNOWITZ, CARL B
2061 NW BOCA RATON BLVD
#202
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **MARY RIVERS**
 Street Address (P.O. Box Number is Not Acceptable)
2061 NW BOCA RATON BLVD.
 # **202**
 City **BOCA RATON** **FL** Zip Code **33431**

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 **MARY RIVERS (P)** **03-08-01**
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, 2001 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 **PD** ☒ Delete
 NAME **JACKNOWITZ, CARL BARRY**
 STREET ADDRESS **2061 BOCA RATON BLVD #202**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **ST** ☐ Delete
 NAME **JACKNOWITZ, CARL BARRY**
 STREET ADDRESS **2061 BOCA RATON BLVD #202**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Change ☐ Addition
 NAME **JACKNOWITZ, CARL BARRY**
 STREET ADDRESS **2061 NW BOCA RATON BLVD # 202**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MARY RIVERS**
 STREET ADDRESS **2061 NW BOCA RATON BLVD # 202**
 CITY-ST-ZIP **BOCA RATON; FL 33431**

TITLE **S** ☐ Change ☒ Addition
 NAME **KRISTA ZARELLA**
 STREET ADDRESS **2061 NW BOCA RATON BLVD # 202**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: **MARY RIVERS, PRESIDENT** **03-08-01** **(561)392-4259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)