2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S88790 DOCUMENT # 1. Entity Name

EDUCATIONAL FUNDING RESOURCES, INC.



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90082 047 ***150.00

Principal Place of Business 1601 N PALM AVE PIO. BOX 848360 SUITE 302 PEMBROKE PINES FL 33026 US US			3084		1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business 3. Mailing Address			, , , , , , , , , , , , , , , , , , , 		### ##	<u> </u>	JERNI RIENI (REE)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING CHANGES			
City & State City & State					oer 65-0291183	 	applied For lot Applicable	
Country	Zip	Zip Country		5. Certificat	e of Status Desired	\$8.75 Ad	dditional	
6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New Registe			
*			Name					
MES_L		-	Street Address	(PO Box Numl	ner is Not Accentable)			
.AM AVE, STE 302-B					701 13 1401 / 1000ptable)			
E PINES FL 33026								
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	for the course of above	: :h= ==: -1=1=	d office and as sint		· · · · · · · · · · · · · · · · · · ·		and accord	
•	for the purpose of change	ing its registered	1 office or registi	ered agent, or b	oth, in the State of Florida. I	am ramıllar wiln	, and accept	
3								
Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	Agent signature requir	ed when reinstating)	D/	ATE		
FILE NOW!!! FEE IS \$150.00				9. F	lection Campaign Financing	\$5.0	00 May Be	
	1		_	Т	rust Fund Contribution.	☐ Adde	ed to Fees	
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GREEN, VIRGINIA C		NAME						
2240 NW 93 WAY								
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certify that the information supplied w	rith this filing does not qua	lify for the exem	ption stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information	
	Place of Business #, etc. Ie Country So. Name and Address of Curre MES L AM AVE, STE 302-B E PINES FL 33026 In named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. OFFICERS AN DP GREEN, MICHAEL G. 2240 NW 93 WAY PEMBROKE PINES FL DCV COOK, JAMES L. 10800 NW 22ND ST. PEMBROKE PINES FL DV GREEN, VIRGINIA C 2240 NW 93 WAY PEMBROKE PINES FL DV COOK, JOAN B 10800 NW 22ND ST PERBROKE PINES FL DV COOK, JOAN B 10800 NW 22ND ST PERBROKE PINES FL	AVE P.O. BOX 948360 PEMBROKE PINES F. US Place of Business The time Country Support State Country Zip The Name and Address of Current Registered Agent MES L AM AVE, STE 302-B E PINES FL 33026 Enamed entity submits this statement for the purpose of change tions of registered agent. File NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 K Payable to Florida Department of State OFFICERS AND DIRECTORS DP GREEN, MICHAEL G. 2240 NW 93 WAY PEMBROKE PINES FL DV GREEN, VIRGINIA C 2240 NW 93 WAY PEMBROKE PINES FL DV COOK, JOAN B 10800 NW 22ND ST PERBROKE PINES FL DV COOK, JOAN B 10800 NW 22ND ST PERBROKE PINES FL D Delete D Delete	NES FL 33026 NES Suite, Apt. #, etc. Country Zip Country Zip Country NES L AM AVE, STE 302-B E PINES FL 33026 PI	AVE P.O. BOX 848380 PEMBROKE PINES FL 33084 NES FL 33026 US Place of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Tip Co	AVE P.O. BOX 848380 PEBBROKE PINES FL 30084 NES FL 30268 Pace of Business 3. Mailing Address 4. FEI Number PebBROKE PINES FL 30084 Country Zip Country Zip Country Zip Country S. Certificat Name Name Name Street Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number PebBROKE PINES FL 3026 City Indicate the purpose of changing its registered office or registered agent, or business of registered agent. PACE ST. Street Address (P.O. Box Number PebBROKE PINES FL 3026 Pace of Business Name Name Name Name Name Name Note: Registered Agent signature required when registered agent, or business of registered agent. PACE ST. Street Address (P.O. Box Number PebBROKE PINES FL 3026) PACE ST. Street Address (P.O. Box Number PebBROKE PINES FL 3026) PACE ST. Street Address (P.O. Box Number PebBROKE PINES FL 3026) PACE ST. Street Address (P.O. Box Number PebBROKE PINES FL 3026) Detele TILE NAME SIRET ADDRESS CITY- ST. ZIP Detele SIRET ADDRESS CITY- ST.	P.D. BOX 948280 PEURPOKE PINES FL 33084 US **Acce of Business** **J. etc. Suite. Apt. 6, etc. City & State Country Zip Country S. Certificate of Status Desired	P.O. BOX 94890 PEMBRORE PINES FL 33084 NES FL 33026 3. Mailing Address 3. Mailing Address 4. FEI Number 65-0291183 A. FEI Number 65-0291183 A. FEI Number 65-0291183 A. Fee Regard Country Zig Country Zig Country Sincent Address of Suture Desired Agent Name and Address of New Registered Agent Name and Address of N	

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 address, with all other like empowered.

SIGNATURE: