

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90052 033 ***150.00

CR14990 1A

DOCUMENT # F00000004684
 1. Entity Name
ALTERNATIVE LENDING GROUP, INC.

Principal Place of Business Mailing Address
25899 W. 12 MILE ROAD **1430 E. MISSOURI AVENUE**
STE. 350 **STE. 125**
SOUTHFIELD MI 48034 **PHOENIX AZ 85014**
02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
36-3924650 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLORIDA COMPLIANCE SPECIALIST, INC.
~~1331 EAST LAFAYETTE STREET, SUITE F~~ **2331 HANSEN PLACE**
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: **Same**
 Street Address (P.O. Box Number is Not Acceptable): **2331 Hansen Place**
 City: **FL** Zip Code: **NO other changes**

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: Dave Taylor - Florida Compliance Specialists, Inc DATE: **1/9/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PS MACK, JAMES P	25899 W. 12 MILE ROAD, STE. 350	SOUTHFIELD MI 48034	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Luis Alvarez	1825 Ponce de Leon Blvd, ste 138	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P. - Secretary	VINCENT A. LANDIS	1825 Ponce de Leon Blvd, #138	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P. - Treasurer	Carlos M. Trueba	1825 Ponce de Leon Blvd, #138	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Vincent A. Landis DATE: **9 JAN 2002** DAYTIME PHONE: **602-265-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)