

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90032 016 \*\*\*150.00

**DOCUMENT # F96000002919**

1. Entity Name

**THE NATIONAL WHOLESALE LENDING GROUP, INC.**

Principal Place of Business	Mailing Address
230 US HWY 46 BLDG. ONE LITTLE FERRY NJ 07643	230 US HWY 46 BLDG. ONE LITTLE FERRY NJ 07643-1406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
414 N.E 5th Av Suite, Apt. #, etc.	701 South Federal Hwy Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Delray Beach, FL	Delray Beach, FL	22-2946334	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
33483			

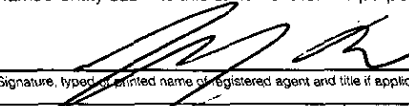
6. Name and Address of Current Registered Agent

**KADEL, JEFF**  
**1015 ANCHOR POINT**  
**DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 1/12/00

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, 2000 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	CPS <input type="checkbox"/> Delete
NAME	VICTOR, LYNN R
STREET ADDRESS	230 US HWY 46 - BLDG. ONE
CITY-ST-ZIP	LITTLE FERRY NJ 07643
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)