2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90064 018 ***158.75

DOCUMENT # P01000010842

1. Entity Name
PMFD EQUITY LENDING CORP.

Principal Place of Business	Mailing Address
~~10451 SW 56TH TERR~~ 9211 SW 72 St ~~MIAMI FL 33173~~ Suite 102 Miami Fl 33173	P.O. BOX 650734 MIAMI FL 33265-0734

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9211 SW 72 St	
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.
City & State: Miami, Fl 33173	City & State
Zip: 33173 Country: USA	Zip Country

4. FEI Number 65-1077015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONATE, PEDRO R 10451 SW 56TH TERR MIAMI FL 33173	Name: ONATE, PEDRO R. Street Address (P.O. Box Number is Not Acceptable): 6551 SW 93 PLACE City: MIAMI FL Zip Code: 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONATE, PEDRO R 10451 SW 56TH TERR MIAMI FL 33173	☐ Delete	D ONATE, PEDRO R 6551 SW 93 PLACE ~~MIAMI, FL 33173~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONATE, MARIA A 10451 SW 56TH TERR MIAMI FL 33173	☐ Delete	D ONATE, MARIA A 6551 SW 93 PLACE ~~MIAMI, FL 33173~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #