

1 of 2

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

04 JUN 4 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000100321

1. Entity Name  
**AMERIFIRST LENDING CORP**



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03-04  
05418290

2. Principal Place of Business  
**815 N.W. 57A Ave.**

3. Mailing Address  
**815 N.W. 57 AVE**

Suite, Apt. #, etc.  
**# 144**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country  
**MIAMI-DADE**

05/03/04 90861 001 \$150.00  
05/03/04 90861 002 \$158.75

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65 096 4732**

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**LEONARDO DA SILVA**

Street Address (P.O. Box Number is Not Acceptable)  
**815 N.W. 57 AVE.**

No: **144**

City  
**MIAMI** FL Zip Code **33126**

**DO NOT WRITE IN THIS SPACE**

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  **04-30-2004**

Signature, Title, or printed name of registered agent and UBR filer (if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P LEONARDO DA SILVA 815 N.W. 57 Ave #144 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other filer information.

SIGNATURE:  **04-30-2004** **305-269-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #



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May 7, 2004

Mr. Andy Dunlap – Document Specialist Supervisor  
Florida Department of State

Re: Annual Report

Dear Sir:

Enclosed please find 2 checks, in the total amount of: \$308.75, for the reinstatement of our corporation. An annual report wasn't received at this address, or at the old Register A Ogent address, in order for us to file in a timely manner.

I thank you in advance for your support in this matter.

Is it possible to have a report sent Via E-mail, in stead of regular mail?

Sincerely,

AmeriFirst Lending Corp.

Leonardo Da Silva  
President

LD/lf

2052