## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000006285

Address:

809 2ND AVE.

City-St-Zip: SECAUCUS, FL 07094

Entity Name: LOAN RESOURCE CENTER, INC

FILED Apr 26, 2002 8:00 AM Secretary of State

Entity Name: LOAN RESOURCE CENTER, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	GENLINE AVE ERGEN, NJ (			
Current Mailing Address:			New Mailing Address:	
	GENLINE AVE ERGEN, NJ (			
FEI Number:	: 22-2898653	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Register				New Registered Agent:
KLINE, JONATHAN 9050 PINES BLVD. SUITE 250 PEMBROKE PINES, FL 33024 US			HERRERA, ROBERT 1245 JASMINE CIRCLE WESTON, FL 33326 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE: ROBERT HERRERA				04/26/2002
	Electro	nic Signature of Registered Age	ent	Date
		o satisfy its Intangible Tax filing req	uirement and elects to do so (X).	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPST ( HERRERA, RO 1245 JASMINE WESTON, FL	CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( HERRERA, GII 1006 PINE BR WESTON, FL	ANCH DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	SVD ( OROPESA, CA 7855 BLVD. EA NORTH BERG	AST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( HERRERA, OF 1006 PINE BR WESTON, FL	ANCH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	D ( ORTIZ, EVELY	) Delete N	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT HERRERA P 04/26/2002