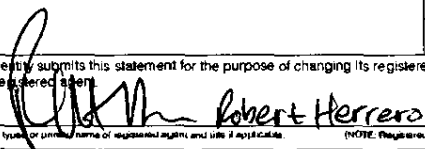
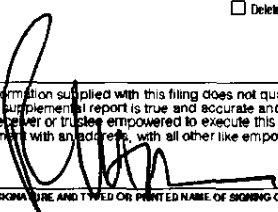


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 002 ***158.75

80118549

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100006285			
1. Entity Name LOAN RESOURCE CENTER, INC.			
Principal Place of Business 7515 BERGENLINE AVE. NORTH BERGEN, NJ 07047		Mailing Address 7515 BERGENLINE AVE. NORTH BERGEN, NJ 07047	
2. Principal Place of Business		3. Mailing Address 2721 Executive Park Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2	
City & State		City & State Weston, FL	
Zip		Zip 33331	
Country		Country USA	
4. FEI Number 22-2898653		☐ CHECK HERE IF MAKING CHANGES ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, ROBERT 1245 JASMINE CIRCLE WESTON, FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent, and title if applicable.		5/8/03 DATE (NOTE: Registered Agent's signature required when changing.)	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CPST HERRERA, ROBERT 1245 JASMINE CIRCLE WESTON, FL 33326		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V HERRERA, GINA 1006 PINE BRANCH DRIVE WESTON, FL 33326		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SVD OROPESA, CARLO 7855 BLVD. EAST NORTH BERGEN, NJ 07047		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D HERRERA, ORVELIO 1006 PINE BRANCH DRIVE WESTON, FL 33326		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ORTIZ, EVELYN 809 2ND AVE. SECAUCUS, FL 07094		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/8/03 951-888-9797 Date Daytime Phone #	

CR2E034 (10/02)