## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9600002919 Mar 08, 2000 8:00 am Secretary of State 1. Entity Name THE NATIONAL WHOLESALE LENDING GROUP, INC. 03-08-2000 90032 016 \*\*\*150.00 Principal Place of Business Mailing Address 230 US HWY 46 230 US HWY 46 BLDG. ONE BLDG. ONE LITTLE FERRY NJ 07643 LITTLE FERRY NJ 07643-1406 2. Principal Place of Business 3. Mailing Address N'€ 19~ Federal H רסב DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 22-2946334 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KADEL, JEFF Street Address (P.O. Box Number is Not Acceptable) 1015 ANCHOR POINT **DELRAY BEACH FL 33444** 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 (NOTE: Registered Agent signature required when reinstating) stered agent and title if applicable Signature, type FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **CPS** ☐ Delete TITLE Change Addition NAME VICTOR, LYNN R NAME STREET ADDRESS STREET ADORESS 230 US HWY 46 - BLDG. ONE CITY-ST-ZIP CITY-ST-ZIP LITTLE FERRY NJ 07643 ☐ Addition ☐ Delete 7(7) F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental with this of the corporation or the receiver or changed, or on an attachment with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date