

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reinstatement
9803

DOCUMENT # F97000001811
1. Entity Name TRIBECA LENDING CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6 Harrison Street Suite, Apt. #, etc.		3. Mailing Address 6 Harrison Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10013	Country U.S.A.	Zip 10013	Country U.S.A.

4. FEI Number 13-3928360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL Zip Code 32301

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 *Jacqueline M. Giles* **Jacqueline M. Giles, Asst. V.P.** **4/9/03**
Signature of registered agent or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Joseph Caiazzo 395 E. Fifth St., Brooklyn, NY 11218	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Jason Osborne 54 Cooper Tomlinson Rd., Medford, NJ 08055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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, and all other like empowered.

SIGNATURE: *Caiazzo Joseph Caiazzo, President* **4/9/03** **(213) 925-8745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



2012

ACCOUNT NO. : 072100000032

REFERENCE : 021861 4364092

AUTHORIZATION : Patricia Pujols

COST LIMIT : \$ 1500.00

ORDER DATE : April 10, 2003

ORDER TIME : 9:55 AM

ORDER NO. : 021861-020

CUSTOMER NO: 4364092

CUSTOMER: Ms. Jeane Haney
Franklin Credit Management
6 Harrison St.

New York, NY 10013

RECEIVED
03 APR 23 AM 11:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: TRIBECA LENDING CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS