2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02808**

1. Entity Name

FLORIDA LENDERS INC.

Mailing Address Principal Place of Business C/O DAVID MARMOR C/O DAVID MARMOR P.O. BOX 792 P.O. BOX 792 HALLANDALE FL 33008-0792 HALLANDALE FL 33008 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90034 003 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. F	4. FEI Number 65-0181789		pplied For	
Žin	Country	Zip	Country			\$8.75 Ad	ot Applicable	
Zip	Country	Zip	Country	1 E. Cartificate of Status Desired 1 1 Y Y Y Y		Fee Require		
		7. Name and Address of New Registered Agent						
			Name					
MAR	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
1001 NE 4 CT								
HALL	ANDALE FL 33009							
			City		F	Zip Coo	de	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florida.			
	······································							
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature req	uired when re	einstating) DA1	E		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE			•	' I IU. Election Cambaign Financing		\$5.0	00 May Be	
	requirement and elects to do so.	· · · · · · · · · · · · · · · · · · ·	00 Fee will be \$550.0	Fee will be \$550.00 Trust Fund Contribution.			d to Fees	
					DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
11.	D OFFICERS AND D	Delete	TITLE		DITIONS/CHANGES TO OTTICENS A	☐ Change	Addition	
TITLE NAME	MARMOR, DAVID	□ Delete	NAME			<u></u>		
STREET ADDRESS	1001 NE 4 CT		STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	-		Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	4.18 7		CITY-ST-ZIP	••			- Addition	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			Change	Addition	
NAME			NAME			_ •	_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		***	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZiP			_			☐ Change	Addition	
TITLE		☐ Delete	TITLE NAME			☐ cuange		
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12 I boroby	certify that the information supplied with t	his filing does not qualify fo	r the exemption stated in	Section	119.07(3)(i), Florida Statutes. I further	certify that the	information	
indicated	d on this report or supplemental report is to reporation or the receiver or trustee empoy	rue and accurate and that (my signature shall have t	ne same	iedal effect as it made under oath: tha	at i am an oilice	rorunector	

changed, or on an attachment with an address, with all other like empowered.

4-26-2000

(954) 562-3110