

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51233

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, INC.

**Current Principal Place of Business:**

25 W. FLAGLER ST.  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 W. FLAGLER ST.  
MIAMI, FL 33130 US

**New Mailing Address:**

**FEI Number:** 59-3201078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEISHCACKER, JOHN  
25 W. FLAGLER ST.  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SUITS, SCOTT  
Address: 450 SOUTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: PD  
Name: OLSON, TOM  
Address: 200 NE 3RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D  
Name: STEWART, TESULA  
Address: 47 VIA NURELIA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD  
Name: FLEISCHEACKER, JOHN  
Address: 25 W. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN FLEISCHACKER

TREA

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date