

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024979

1. Entity Name
LENDI ENTERPRISE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90068 001 ***158.75

Principal Place of Business

19890 SW 7TH PLACE
PEMBROKE PINES FL 33029

Mailing Address

19890 SW 7TH PLACE
PEMBROKE PINES FL 33029

2. Principal Place of Business

10996 Pembroke Rd
Suite, Apt. #, etc.

3. Mailing Address

10996 Pembroke Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miramar Florida

City & State
Miramar Florida

4. FEI Number

65-0989390

Applied For

Not Applicable

Zip
33025

Country
USA

Zip
33025

Country
USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDO, ENRIQUE
11996 SW 97TH STREET
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAROD, ENRIQUE
19890 SW 7TH PLACE
PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Pardo, Enrique
733 SW 110th Lane Apt 22-102
Pembroke Pines FL 33025 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/27/2001 (954) 536-2553

CR2E034 (10/00)