☐ Change

in Block 11 or Block 12 if

☐ Addition

FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2001 8:00 am Secretary of State P00000063284 DOCUMENT # 1. Entity Name 09-18-2001 90016 013 ***550.00 ACCREDITED LENDING SERVICES, INC. Principal Place of Business Mailing Address -721 ALBATROSS ST. 721 ALBATROSS ST. MIAMI SPRINGS FL 33166 F2 CT 2 5W 820 HIAHI FLA. 33155 2. Principal Place of Business <u>aaya 5, w. 8ac</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . Applied For City & State 4. FEI Number <u>65-1023989</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONCEPCION, MARIA R 721 ALBATROSS ST. MIAMI SPRINGS FL 33166 Zip Code Shent for the purpose of changing its registered office or registered agent, or in the State of Florida. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. Vice President Addition TITLE Delete TITLE ☐ Change Franz J. Guerra CONCEPCION, MARIA R NAME NAME aauasw. sa ot. STREET ADDRESS 721 ALBATROSS ST. STREET ADDRESS **CR2E034** MIAMI SPRINGS FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ZAS, BARBARA 13890 SW 63RD ST. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP MAMI FL 33184 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS AZYZ EW CITY-ST-ZIP CITY-ST-ZIP librit Fl. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 in the corporation of the corporation of

☐ Delete

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP