

01-02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 4:00

DOCUMENT # P000000095252

1. Entity Name

FLORIDA STATE LENDERS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9640 SW 152 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite #31

City & State

Miami

City & State

Zip

Country

33196 Dade

4. FEI Number

65-1045988

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAZARA L Gonzalez

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

2301 COLLINS AVENUE

APT 627

City

Miami Beach FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

Lazara L Gonzalez

3/5/02

Signature, typed or printed name of registered agent and fee application.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

D LAZARA L Gonzalez
9640 SW 152 #31
Miami FL 33196

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

500005192985--4
-04/04/02--01067--014
*****8.75 *****8.75

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

700005192987--8
-04/04/02--01067--015
****300.00 ****300.00

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

IN THIS SPACE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

AD

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

AD

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lazara L Gonzalez

3/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)