

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **1-00000095252**

1. Entity Name

**Florida State Lenders Inc**



FILED

03 SEP 25 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12312 SW 132nd**

3. Mailing Address

**P.O. Box 163208**

Suite, Apt. #, etc.

**P-101**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Miami FL**

4. FID Number

**05-1045988**

Applied For

Not Applicable

City & State

**33186 Dade**

City & State

**33116 Dade**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Lazara Gonzalez**

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

**12312 SW 132nd**

City **Miami**

FL

**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**9/19/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P President**  
NAME **Lazara Gonzalez**  
STREET ADDRESS **P.O. Box 163208**  
CITY-ST-ZIP **Miami FL 33116**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**800023344418**  
**09/25/03--01090--011 ##150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**9/19/03**

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry Period

CR26243 (12/02)

9/19/03

September 21, 2003

**Florida Department of State  
409 East Gaines Street  
Tallahassee Florida 32214**

**Attention Reinstatement Department**

**To whom it may concern,**

Enclosed please find our Annual Business Report, I didn't received the form and it was left aside, please accept our apology for the inconvenience and for future will be done accordingly.

Please find my check # 1083 for the amount of \$150.00 dollars., as the conversation with your analyst specialist.

**Thank You**

  
Lazara Gonzalez

**TO** Tropic Park Equipment Company

**Att:** Lilian