


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

FILED

03 SEP 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0000095252
1. Entity Name
Florida State Lenders Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12312 SW 132ct
Suite, Apt. #, etc.
P-101

3. Mailing Address
P.O. Box 163208
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

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
33186 Dade

City & State
33116 Dade

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Lazara Gonzalez

Street Address (P.O. Box Numbers Not Acceptable)
12312 SW 132ct

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] Date 9/19/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
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 <u>P</u>	NAME <u>President</u>
NAME <u>Lazara Gonzalez</u>	STREET ADDRESS <u>P.O. Box 163208</u>
CITY-ST-ZIP <u>Miami FL 33116</u>	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

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

DO NOT WRITE
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)(b)(1), 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 empowerments.

SIGNATURE: [Signature] Date 9/19/03

CR26248 (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