

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90055 045 ***150.00

DOCUMENT # P01000035495

1. Entity Name

AMERICA'S BEST LENDING NETWORK, INC.

Principal Place of Business

Mailing Address

**15936 DOUBLE EAGLE TR
DELRAY BCH FL 33446**

**15936 DOUBLE EAGLE TR
DELRAY BCH FL 33446**

2. Principal Place of Business

3. Mailing Address

2315 N. ANDREWS AVE

2315 N. ANDREWS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS FL.

City & State

WILTON MANORS FL.

4. FEI Number

22-3799-805

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

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

**BARASH, KENNETH
15936 DOUBLE EAGLE TR
DELRAY BCH FL 33446**

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

(NOTE: Registered Agent signature required when reinstating)

1/07/02
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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **BARASH, KENNETH**
CITY-ST-ZIP **15936 DOUBLE EAGLE TR
DELRAY BCH FL 33446**

TITLE ☐ Change ☒ Addition
NAME **PAUL E. BARASH**
STREET ADDRESS **1421 NW 41st Street**
CITY-ST-ZIP **COVINGTON SPRING FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02
Date

954-523-4916
Daytime Phone #

CR2E034 (9/01)