

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068146

1. Entity Name  
LAWFUL CREDIT, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
05-28-2002 91785 008 \*\*\*158.75

Principal Place of Business  
14180 S.W. 84TH STREET  
SUITE G-202  
MIAMI FL 33183

Mailing Address  
14180 S.W. 84TH STREET  
SUITE G-202  
MIAMI FL 33183

B0118943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 0895	
City & State		City & State	
miAmi FL		miAmi FL	
Zip	Country	Zip	Country
33296		33296	

4. FEI Number	Applied For
31-1786301	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAVARES, GEORGE M ESQ.  
407 LINCOLM ROAD  
SUITE 6-E  
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name RICARDO PINEDA  
Street Address (P.O. Box Number is Not Acceptable)  
14180 SW 84 ST G 202  
City miAmi FL Zip Code 33183

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 *[Signature]* DATE 05-03-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PINEDA, RICARDO L 14180 S.W. 84TH STREET G-202 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PINEDA, RICARDO L 14180 SW 84 ST G 202 miAmi FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEDA, SILVANIA J 14180 S.W. 84TH STREET G-202 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PINEDA, SILVANIA J 14180 SW 84 ST G 202 miAmi FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-03-02

Date

Daytime Phone #

CR2E034 (9/01)