

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90142 010 ***150.00

DOCUMENT # P01000104123

1. Entity Name
STATEWIDE LENDING, CORP.



Principal Place of Business
**9141 TAFT STREET
PEMBROKE PINES, FL 33024**

Mailing Address
**X 1620 NW 85 WAY
PEMBROKE PINES, FL 33024**

2. Principal Place of Business

3. Mailing Address

9141 TAFT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

Country

Zip

Country

33024 USA

4. FEI Number

65-1151782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACIAS, RAFAEL
15941 SW 61 STREET X
DAVIE, FL 33331 X**

**(CHANGE OF ADDRESS ONLY)
9141 TAFT STREET
PEMBROKE PINES, FL.
33024**

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

SIGNATURE

RAFAEL MACIAS

3/17/2003

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$160.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MACIAS, DAVID**
STREET ADDRESS **17428 NW 63 COURT**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **P** ☒ Change ☐ Addition
NAME **MACIAS, DAVID**
STREET ADDRESS **9141 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33024**

TITLE **V** ☐ Delete
NAME **MACIAS, RAFAEL**
STREET ADDRESS **15941 SW 61 STREET**
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE **VP** ☒ Change ☐ Addition
NAME **MACIAS, RAFAEL**
STREET ADDRESS **9141 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAFAEL MACIAS

3/17/2003 (954) 441-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/02)