

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91262 007 ***158.75

DOCUMENT # P01000111581

1. Entity Name

LO/MAX FINANCIAL LENDERS, INC

Principal Place of Business

**39 NORTHWEST 166TH STREET
 SUITE
 NO. MIAMI FL 33169**

Mailing Address

**39 NORTHWEST 166TH STREET
 SUITE
 NO. MIAMI FL 33169**

433245

2. Principal Place of Business

3. Mailing Address

190 NORTHWEST 51ST STREET

190 NORTHWEST 51ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33127

DADE

33127

DADE

4. FEI Number

65-1156421

Applied For

Not Applicable

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

SMITH, RANDALL W

39 NORTHWEST 166TH STREET

SUITE

NO. MIAMI FL 33169

Name

RANDALL W. SMITH

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

190 NORTHWEST 51ST STREET

#2

City

MIAMI

FL

Zip Code

33127

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]

4/30/02

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

(NOTE: Registered Agent signature required when reinstating)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SMITH, RANDALL W
 190 N.W. 51ST STREET #2
 MIAMI FL 33127** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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

4/30/02

Date

Daytime Phone #

(305) 756-7155

CR2E034 (9/01)