

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90015 015 ***150.00

000495 AT

DOCUMENT # P01000111962

1. Entity Name

LENDERS USA FUNDING, INC.

Principal Place of Business

**1001 N. FEDERAL HIGHWAY #101
 HALLANDALE FL 33009**

Mailing Address

**1001 N. FEDERAL HIGHWAY #101
 HALLANDALE FL 33009**

2. Principal Place of Business

1001 N. Federal Hwy

3. Mailing Address

1355 ALTON ROAD

Suite, Apt. #, etc.

Suite 101

City, State, Zip

MIAMI BEACH, FL

City & State

Hallandale FL 33009

City & State

MIAMI BEACH, FL

Zip

33009

Country

USA

Zip

33139

Country

USA

4. FEI Number

01-0562083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAVLIK, ROMAN
 2010 TAYLOR STREET
 UNIT #5B
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
 NAME **PAVLIK, ROMAN**
 STREET ADDRESS **2010 TAYLOR STREET #5B**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☐ Delete
 NAME **MARKOW, DENNIS**
 STREET ADDRESS **20441 NE 30 AVENUE #108**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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

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

2/11/02

954-455-5530
 Daytime Phone #

CR2E034 (9/01)