FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)			, NC	FILED	
DOCUMENT#			Pulled FI	LED	
1. Entity Name LENDING CO	NSULTAI	UTS, INC	Ju	$\overline{n} \overline{27}, 2002 8:0$	
P010001	12518		Sec	cretáry of Stat	
DO NOT WRITE		PAGE		•	
2. Principal Place of Business 7W	3. Mailing Address				
5877 NW 125 TERE. Suite, Apt. #, etc.	##ICHA FIRE OF DUSH #535 125 TERPACE SAME			DO NOT WRITE IN THIS SPACE	
City & State	ate City & State		4. FEI Number	Applied For	
PARKLAND	Zip Country		5. Certificate of Status Desired	\$8.75 Additional	
^{Zip} 33076 Country USA			7. Name and Address of Current Registered Agent		
	Name I APPY H. GOLDSTEIN				
DO NOT WRITE 1 Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE 5877 NW 125TH TERRACE				-PRACE	
	A/A		EKLAND	FL Zip Code 33076	
8. The above named entity submits this statement	for the pulpose of changing its	s registered office or registe	red agent, or both, in the State of		
SIGNATURE Secure speed or printed name alreadage of age	nt and title if applicable. (NO	TE: Registered Agent signature require	d when reinstating)	DATE	
This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so.	After Ma	May 1 Fee is \$150.00 / 1 Fee is \$550.09	10. Election Campaign Trust Fund Contribu		
(See criteria on back)	Make Check Paya	ed UBR is \$61.25 ble to Department of Sta		Access to 1 cas	
11. OFFICERS AN TITLE HELENA M.		IIIT	n since is	701)	
STREET ADDRESS PRESIDEN	VT			10 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP 5877 NW125 TER.		hand to an experience and experience and the property of the p		E034	
NAME SANDRA	DENT FRIOS	TITLE NAME	: 8000 <u>0</u>	06263928\$ 20820201096008	
STREET ADDRESS CITY-ST-ZIP S877 NW125 TER	. PARKLAND & 30	STREET ADDRESS	**	//US/UZ=UIU95=UU8; **150*00****150*00	
FITLE		THILE NAME			
NAME STREET ADDRESS		STREET ADORESS	DO NOT	WRITE	
CITY-ST-ZIP	-	CITY-ST-20P 35	IN THIS		
NAME STREET ADDRESS		NAME STREET ADDRESS		91,705	
CITY-ST-ZIP		CIV-SI-ZP			
TITLE NAME		DILE NAME	and the second s		
STREET ADDRESS CITY-ST-ZIP		STREET ACCRESS			
TITLE		ML		And the second of the second of	
NAME Street Address		NAME STREET ADDRESS			
CHY-ST-ZIP	ith this filing does not qualify f	City: 51-28	ection 119.07(3)(i). Florida Statute	s. I further certify that the information	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: HELENA M. KLIMA					
BIGHATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #	