

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90143 013 \*\*\*150.00

DOCUMENT # P02000012521

1. Entity Name

LENDBAR SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

90073638

2. Principal Place of Business

6535 S.W. 22ND. COURT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL.

City & State

4. FEI Number

01-0607380

Applied For

Not Applicable

Zip  
FL.

Country  
BROWARD

Zip  
33023

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JAVIER R. ZARZA

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

6535 S.W. 22ND. COURT

City  
MIRAMAR

FL

33023

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JAVIER R. ZARZA  
6535 S.W. 22ND. COURT  
MIRAMAR, FL. 33023

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER R. ZARZA

04-03-03

Date

954-894-1446

Daytime Phone #

CR2E034B (12/02)