

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

FILED

04 JAN 16 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000139671*

1. Entity Name

*Financial Trust Lending Corp.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3191 Coral Way  
Suite, Apt. #, etc.  
suite 404A*

3. Mailing Address

*2110 Brickell Ave*

DO NOT WRITE IN THIS SPACE

City & State

*Miami, FL 33145*

City & State

*Miami, FL*

4. FEI Number

*20-0587298*

Applied For

Not Applicable

Zip

*33145*

Country

*USA*

Zip

*33129*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*George S. Zamora, Esq.*

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

*3191 Coral Way, Ste 404A*

City

*Miami*

FL

Zip Code

*33145*

**DO NOT WRITE  
IN THIS SPACE**

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)

**January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>Jose Carreño<br/>9930 SW 73 Street<br/>Miami, FL 33173</i>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>V Jorge Amador-Mustelicer<br/>2110 Brickell Avenue<br/>Miami, FL 33129</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>S Debra Newman<br/>242 Glendale Drive<br/>Miami Springs, FL 33166</i>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |

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**DO NOT WRITE  
IN THIS SPACE**

**700027618007  
01/26/04 - 01088 - 006 \*\*150.00**

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:

*Debra Newman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/15/04*

Date

*786-344-2799*

Daytime Phone #

CR2E034B (12/01)