

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002125

1. Entity Name

THE LENDING COMPANY, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90074 032 ***158.95

Principal Place of Business

2812 NW 35TH STREET
MIAMI FL 33142
US

Mailing Address

2812 NW 35TH STREET
MIAMI FL 33142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1460888

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALINSKY, ILYA
2812 NW 35TH ST
MIAMI FL 33142

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 NAME	DT KOWALSKY, MERYL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR AVENTURA FL 33182	
TITLE NAME	DP PALINSKY, ILYA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2315 FISHER ISLAND DR. FISHER ISLAND FL	
TITLE NAME	DVP KOWALSH, JON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR #107 AVENTURA FL 33180	
TITLE NAME	DVP KOWALSH, ILAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR AVENTURA FL 33180	
TITLE NAME	DVP Ilan Kowalsky	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR Aventura FL 33180	
TITLE NAME	DVP Jon Kowalsky	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR Aventura FL 33180	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DVP Jon Kowalsky	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR. Aventura FL 33180	(Spelling of Name)
TITLE NAME	DVP Ilan Kowalsky	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3600 MYSTIC POINTE DR. Aventura FL 33180	(Spelling of Name)
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-02

Date

305-742-9954

Daytime Phone #

CR2E034 (9/01)