## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000018601 DOCUMENT #

1. Entity Name

COMMUNITY LOAN AGENCY, INC.



## FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90387 026 \*\*\*150.00

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Sulfe, Api, 8, etc.   Suite	MIAMI FL 331	22	·	MIAN	II FL 33122								
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Name   Street Address (PO Box Number is Not Acceptable)		6. Name	and Address of Curre	nt Registere	ed Agent			7. 1	Name and Address of New Reg	stered Ag	ent		7
TOOL NW 25TH STREET 200  MAMINE FL 33122  City  FL Zip Code  Added to Feas  Stern Andrean  City  FL Zip Code  City  FL Zip Code  Added to Feas  Stern Andrean  City  FL Zip Code  City							Name						7
TOOL NW 25TH STREET 200  MAMINE J. 33122  City FL Zip Code  City F	GONZALE	Z. FRANK				<u> </u>							4
200 MIAMI FL 33122  8. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STREAM	l .	•	FT			- {	Street Address	(P.O. B	Box Number is Not Acceptable)				1
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	200		· <b>-</b> ·										1
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After May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State  10.		Signature, typed	or printed name of registered age	ent and title if app	olicable. (NOTI	E: Registered A	gent signature require	ed when re	einstating)	DATE			_
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		certify that the	information supplied w	ith this filing	does not qualify for			ection 1	119.07/3Vi) Florida Statutas I fue	ther cartifi	that the in	formation	1

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #