

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90068 036 ***150.00

740603



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000060107

1. Entity Name

FIRST LENDERS FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

157 E. NEW ENGLAND AVENUE
 SUITE #402
 WINTER PARK FL 32789
 US

157 E. NEW ENGLAND AVENUE
 SUITE #402
 WINTER PARK FL 32789-7008
 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

59-3388840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARETTI, CLAUDIO
 157 E. NEW ENGLAND AVENUE
 SUITE #402
 WINTER PARK FL 32789

Name

ANA CINTRON

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

157 E NEW ENGLAND AVE SUITE 402

City

WINTER PARK

FL

Zip Code

32789

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

4-27-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
 NAME CLARETTI, CLAUDIO
 STREET ADDRESS 157 E. NEW ENGLAND AVENUE, SUITE #402
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PRES ☐ Delete
 NAME ATTILIO VONZIN
 STREET ADDRESS 3555 MAGUIE BLVD ST 204
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
 NAME DIRE ANA CINTRON
 STREET ADDRESS 157 E NEW ENGLAND AVE SUITE 402
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME D.R. MARIA I CANALE
 STREET ADDRESS 157 E NEW ENGLAND AVE SUITE 402
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

04-27-00 622-1660

CR2E034 (9/99)