

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

DOCUMENT # **P96000060107**

1. Entity Name
FIRST LENDERS FINANCIAL GROUP, INC.



Principal Place of Business
157 E. NEW ENGLAND AVENUE
SUITE #402
WINTER PARK FL 32789
US

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

2. Principal Place of Business
1600 E. ROBINSON STREET
Suite, Apt. #, etc.
400

3. Mailing Address
1600 E. ROBINSON STREET
Suite, Apt. #, etc.
400

City & State
ORLANDO, FLORIDA

Zip **32803** Country **USA**

City & State
ORLANDO, FLORIDA

Zip **32803** Country **USA**

6. Name and Address of Current Registered Agent
**CINTRON, ANA
157 E. NEW ENGLAND AVENUE
SUITE #402
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent
Name **CINTRON, ANA**
Street Address (P.O. Box Number is Not Acceptable)
1600 E ROBINSON STREET, SUITE 400
City **ORLANDO** Zip Code **FL 32803**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINTRON, ANA 157 E. NEW ENGLAND AVENUE, SUITE 402 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 30, 2003 8:00 am
Secretary of State**

04-30-2003 90142 033 ***150.00



CHECK HERE IF MAKING CHANGES

0093782
AV

CR2E034 (10/02)

4/11/03

(407) 893-9882

Daytime Phone #