

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90178 049 \*\*\*150.00

**DOCUMENT # P96000098545**

1. Entity Name  
**LENDING TRUST VENTURES CORP.**



Principal Place of Business  
**8585 SUNSET DRIVE  
STE. 85  
MIAMI FL 33143  
US**

Mailing Address  
**8585 SUNSET DRIVE  
STE. 85  
MIAMI FL 33143  
US**

2. Principal Place of Business  
**9260 SUNSET DRIVE**

3. Mailing Address  
**9260 SUNSET DRIVE**

Suite/Apt. #, etc. **105**

Suite/Apt. #, etc. **105**

City & State  
**MIAMI, FL 33**

City & State  
**MIAMI, FLORIDA**

4. FEI Number **65-0711101**

Applied For  
Not Applicable

Zip **33173** Country **DADE**

Zip **33173** Country **DADE**

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**

**HEYDARIAN, ABBAS  
11245 SW 58TH TERR  
MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 **PD** ☐ Delete  
NAME **HEYDARIAN, ABBAS**  
STREET ADDRESS **11245 SW 58TH TERR**  
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **VP** ☐ Delete  
NAME **HEYDARZAN, MOHAMMAD HEYDARIAN**  
STREET ADDRESS **11245 SW 58TH TERR**  
CITY-ST-ZIP **MIAMI FL 33173**

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  
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CITY-ST-ZIP

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

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: **ABBAS HEYDARIAN 1-15-03 305-595-7755**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)