

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90137 039 ***150.00

DOCUMENT # P96000102222

1. Entity Name
SOUTH FLORIDA LENDING CORPORATION

Principal Place of Business

**10899 SUNSET DRIVE
 SUITE 202
 MIAMI FL 33173**

Mailing Address

**10899 SUNSET DRIVE
 SUITE 202
 MIAMI FL 33173**

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

65-0718992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ZAMORA, IRVING
 10899 SUNSET DRIVE
 SUITE 202
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **FRAGINALS, PEDRO**
 Street Address (P.O. Box Number is Not Acceptable)
10899 Sunset DR. Ste
 City **Miami** FL Zip Code **33173**

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 fee if applicable.

PEDRO FRAGINALS (PRINCIPAL BROKER) 01/31/02
 (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 **PS** ☐ Delete
 NAME **FILGUEIRAS, RAQUEL**
 STREET ADDRESS **10899 SUNSET DR., SUITE 202**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PB** ☒ Delete
 NAME **ZAMORA, IRVING**
 STREET ADDRESS **10899 SUNSET DR STE 202**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRINCIPAL BROKER** ☐ Change ☒ Addition
 NAME **PEDRO FRAGINALS**
 STREET ADDRESS **12495 SW 9th Ave**
 CITY-ST-ZIP **Miami, FL 33184**

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

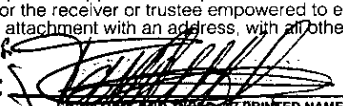
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:  **PRESIDENT RAQUEL FILGUEIRAS** 01/31/02 (305) 270-2881
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)