

P97000009928

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Randolph Rodriguez EIN or SS#: _____

Address: 9300 NW 58th Street, Suite 211
Miami, Fla 33178

Amount: \$35.00 Date Paid 4 4 97

Reason for claim: Sent in the filing fee to file articles of amendment. Decided not
to file document. Charter #P97000009928, ALL PROFESSIONAL LENDING CORP./cMustain
amend section

Certified true and correct this _____ day of _____, 19 _____.

Signature see attached sheet

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No <u>1086 014</u> dated <u>4 4 97</u>	
Name of Account _____	
4520213000145300000000010000	
Statutory Authority for Collection <u>607 0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____	
45202130001453000000022002000	
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	_____ (Authorized Signature and Title)

Requestor's Name		Office Use Only
Address		
City/State/Zip	Phone #	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -04/04/97-01086--014
 *****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 8, 1997

ALL PROFESSIONAL LENDING CORP.
9300 NW 58TH STREET
SUITE 211
MIAMI, FL 33178

SUBJECT: ALL PROFESSIONAL LENDING CORP.
Ref. Number: P97000009928

We have received your document for ALL PROFESSIONAL LENDING CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 197A00017655

*Please issue a
refund back to all Professional
Lending (corp).
[Signature]
Vice President*