## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P97000009928** ALL PROFESSIONAL LENDING CORP. 03-15-2000 90028 049 \*\*\*150.00 Mailing Address Principal Place of Business 9300 N.W. 58TH STREET 9300 N.W. 58TH STREET SUITE 211 SUITE 211 MIAMI FL 33178-1633 MIAMI FL 33178 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0722231 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 15124 S.W. 110TH TERRACE MIAMI FL 33196 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE NAME AVENDANO, IVONNE NAME 11989 SW +7 Ct MIRAMAR, FL 33023 6755 N.W. 169TH STREET, BUITE-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Addition ☐ Change TITLE □ Delete RODRIGUEZ, RANDOLPH NAME NAME STREET ADDRESS STREET ADDRESS 15124 S.W. 110TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL: 33196 ☐ Addition STD ☐ Delete TITLE Change TITLE MOURA, ELBA NAME NAME STREET ADDRESS STREET ADDRESS 6721 STONEHAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Change ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ-MOURA, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 15124 S.W. 110TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** ☐ Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

3. 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

03/09/00

305-436-0099

Daytime Phone #

FILED