

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 08:00 AM

Secretary of State

DOCUMENT # P97000056366

1. Entity Name

RELIABLE LENDER, INC.

Principal Place of Business

C/O SHELDON ENGELHARD
THE PLAZA, #801, 5355 TOWN CENTER ROAD
BOCA RATON FL 33486

Mailing Address

C/O SHELDON ENGELHARD
THE PLAZA, #801, 5355 TOWN CENTER ROAD
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0763552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ENGELHARD SHELDON ESQ.

THE PLAZA, SUITE 801

5355 TOWN CENTER ROAD

BOCA RATON

33486

US

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/14/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME ENGELHARD SHELDON
STREET ADDRESS 5355 TOWN CENTER RD., SUITE 801
CITY-ST-ZIP BOCA RATON FL 33486

TITLE P ☒ Change ☐ Addition
NAME ENGELHARD SHELDON
STREET ADDRESS 5355 TOWN CENTER RD., SUITE 801
CITY-ST-ZIP BOCA RATON FL 33486

TITLE P ☒ Delete
NAME MAIZES ISAAC
STREET ADDRESS 5355 TOWN CENTER RD., SUITE 801
CITY-ST-ZIP BOCA RATON FL 33486

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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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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: SHELDON ENGELHARD

R

04/14/2000

JOSE F PEDREIRA VICE PRESIDENT
5355 TOWN CENTER RD., STE 801

BOCA RATON, FL 33486