2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000058802 Mar 01, 2000 8:00 am Secretary of State AMERICAN LENDING & ACQUISITION GROUP, INC. 03-01-2000 90054 038 ***150.00 Principal Place of Business Mailing Address 11400 N. KENDALL DRIVE 11400 N. KENDALL DRIVE MIAMI FL 33176 MIAMI FL 33176-1029 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0772751 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTMAN, ERIC P Street Address (P.O. Box Number is Not Acceptable) 7695 SW 104 ST **STE 210 MIAMI FL 33156** Zip Code City 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS ☐ Addition PSD TITI F Change TITLE ☐ Delete ROYO, EMILIO NAME NAME 9900 W SURBURBAN DR 11400 N. KENDAII DL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MAMI FL 33165. 905 MINNI, 72. 93176 Change ☐ Addition TITLE TITLE BABOUN, RUDOLPH E NAME 9999 W SURBURBAN DR 11900 N. MENDAN DL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI-FL-93165** # 205 MIANI, FL. 33176 ☐ Change ☐ Addition TITLE TITLE BABOUN, RUDOLPH S NAME 9900 W SURBURBAN DR- 4400 N. KGNOW DE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI EL 33165 #205 HIAMI FL. 93176 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

ses not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ith this filing 13. I hereby certify that the information supplied indicated on this report or supplemental rep my signature shall have the same legal effect as if made under oath; that I am an officer or director has required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if curate and the of the corporation or the receiver or truster changed, or on an attachment with an adexecute this re for like empoy

, TREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

Date

Change

☐ Addition