

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90044 035 \*\*\*150.00

**DOCUMENT # P97000058989**

**1. Entity Name**  
**CHASE LENDING CORP**



**Principal Place of Business**  
**12820 SW 2ST**  
**MIAMI FL 33182**

**Mailing Address**  
**12820 SW 2ST**  
**MIAMI FL 33182**  
**US**

**2. Principal Place of Business**

**310 NW 119 AVE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**310 NW 119 AVE**  
Suite, Apt. #, etc.

**City & State**

**MIAMI FL**

**City & State**

**MIAMI FL**

**4. FEI Number**

**65-0764897**

**Applied For**

**Not Applicable**

**Zip**

**33182**

**Country**

**USA**

**Zip**

**33182**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BELLO, WILLIAM**  
**6915 WILLOW LANE**  
**MIAMI LAKES FL 33014**

**7. Name and Address of New Registered Agent**

**Name**

**William Bello**

**Street Address (P.O. Box Number is Not Acceptable)**

**310 NW 119 AVE**

**City**

**MIAMI**

**FL**

**Zip Code**

**33182**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*William Bello*  
Signature, typed or printed name of registered agent and title if applicable.

**William Bello PRES.**

**3-8-03**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete

**NAME** **BELLO, WILLIAM**  
**STREET ADDRESS** **6915 WILLOW N**  
**CITY-ST-ZIP** **MIAMI LAKES FL 33014**

**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**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*William Bello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES. 3-8-03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)