

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90128 022 ***550.00

DOCUMENT # P97000069837

1. Entity Name
RAPID LOAN, INC.

Principal Place of Business

**13499 BISCAYNE BLVD
 210
 MIAMI FL 33184
 US**

Mailing Address

**13499 BISCAYNE BLVD
 210
 MIAMI FL 33184
 US**

2. Principal Place of Business

624 E. Vine street
 Suite, Apt. #, etc.

3. Mailing Address

624 E. Vine street
 Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

34744

Country

Osceola

Zip

34744

Country

Osceola

6. Name and Address of Current Registered Agent

**MEJIA, AMANDA
 1130 N.E. 92ND STREET
 MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

Name **MEJIA Amanda**
 Street Address (P.O. Box Number is Not Acceptable)
4217 Lugano Court
 City **Kissimmee** FL Zip Code **34746**

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)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MEJIA, AMANDA 1130 N.E. 92ND STREET MIAMI SHORES FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Guadalupe Mejia AMANDA MEJIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-02

Date

407.847-4899

Daytime Phone #

CR2E034 (9/01)