

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90689 046 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000082984

1. Entity Name  
 LENDAMERICA HOME LOANS, INC. *N/C LW*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 8603 So. Dixie Hwy  
 Suite, Apt. #, etc.  
 Suite 407

3. Mailing Address  
 8603 So. Dixie Hwy.  
 Suite, Apt. #, etc.  
 Suite 407

DO NOT WRITE IN THIS SPACE

City & State  
 Pinecrest, FL

City & State  
 Pinecrest, FL

4. FEI Number  
 650787353

Applied For  
 Not Applicable

Zip  
 33156

Country  
 USA

Zip  
 33156

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

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

Name *Jorge G. Pulido*  
 Street Address (P.O. Box Number is Not Acceptable)  
 8603 So. Dixie Hwy, Suite 407  
 City Miami FL Zip Code 33156

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)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 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	P, S, T, D Jorge G. Pulido 8603 So. Dixie Hwy, #407 Pinecrest, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Monica L. Pulido 8603 So. Dixie Hwy, #407 Pinecrest, FL 33156
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge G. Pulido* **Jorge G. Pulido, Pres. 5/22/02 305-667-5550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)