

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014213

1. Entity Name

SPRINGS LENDING CORP.

Principal Place of Business

Mailing Address

7911 NW 72ND AVE
SUITE 109-A
MEDLEY SPRINGS FL 33166

481 DE SOTO DRIVE
MIAMI SPRINGS FL 33166-6008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0811606

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENDARA, JORGE A
481 DE SOTO DRIVE
MIAMI SPRINGS FL 33166

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME ENDARA, JORGE A
STREET ADDRESS 481 DE SOTO DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE VD
NAME ENDARA, XIOMARA G
STREET ADDRESS 481 DE SOTO DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME
STREET ADDRESS
CITY-ST-ZIP
200003118382--3
-02/01/00--01067--009
****150.00 ****150.00
☒ Change ☐

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JAN 25 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1-24-00

118

PSD

Jorge A. Endara 1-24-00 (305) 888-8021