

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024142

1. Entity Name

LOANS ARE US, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90028 039 ***150.00

Principal Place of Business

Mailing Address

7765 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33467-6947

7765 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33467-2536

2. Principal Place of Business

PO BOX 211027
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 211027
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROYAL PALM BEACH
Zip 33411
Country P.B.

City & State

R.P.B.
Zip 33411
Country P.B.

4. FEI Number

65-0827983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RANDEE S
220 SUNRISE AVE STE 209
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 DPVS
NAME TEMEL, CORNELIA A
STREET ADDRESS 7765 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP LAKE WORTH FL 33467-6947 ☐ Delete

TITLE T
NAME TEMEL, CORNELIA A
STREET ADDRESS 7765 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP LAKE WORTH FL 33467-6947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
PO BOX 211027
ROYAL PALM BEACH 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
PO BOX 211027
R.P.B., FL 33411

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

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

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

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

CORNELIA TEMEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 795-1471