

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000028349**

1. Entity Name

**INTERNATIONAL LENDING, INCORPORATED****FILED****May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90191 002 \*\*\*158.75

Principal Place of Business

**900 ORANGE ISLE  
FORT LAUDERDALE FL 33315**

Mailing Address

**1314 E LAS OLAS BLVD  
219  
FORT LAUDERDALE FL 33301****00066499**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2316 NE 6 AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**WILTON MANORS FL**

City &amp; State

4. FEI Number **65-0823028**

Applied For

Not Applicable

Zip

**33305**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUCICH, LINDA  
900 ORANGE ISLE  
FORT LAUDERDALE FL 33315**

Name

**LAWRENCE ADAM GARDNER**

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

**2316 NE 6 AVE**

City

**WILTON MANORS**

FL

Zip Code

**33305**

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

**12 APRIL 2001**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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PT</b>			
	<b>GARDNER, LAWRENCE A</b>			
	<b>1402 EAST LAS OLAS BLVD. #219</b>			
	<b>FORT LAUDERDALE FL 33301</b>			

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"/> Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE GARDNER**

Date

**12 APRIL 01 9545254246**

Daytime Phone #

CR2E034 (10/00)