

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058193**

1. Entity Name

FAST MORTGAGE LENDERS, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90057 040 ***150.00

Principal Place of Business

**4400 N. FEDERAL HIGHWAY SUITE 120
BOCA RATON FL 33431**

Mailing Address

**4400 N. FEDERAL HIGHWAY SUITE 120
BOCA RATON FL 33431-5180**

2. Principal Place of Business

4400 N. Federal Highway

3. Mailing Address

4400 N. Federal Highway

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0847007

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STAHLER, ALAN**4400 N. FEDERAL HIGHWAY SUITE 120
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

4400 N. Federal Highway, Suite 210

City

Boca Raton**FL**

Zip Code

33431

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STAHLER, ALAN**
STREET ADDRESS **4400 N. FEDERAL HIGHWAY SUITE 120**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP/S/D** ☐ Change ☒ Addition
NAME **LACHMAN, JOHN**
STREET ADDRESS **4400 N. Federal Highway, Suite 210**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE **P/T/D** ☐ Change ☒ Addition
NAME **STAHLER, ALAN**
STREET ADDRESS **4400 N. Federal Highway, Suite 210**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

(561) 368-1130