

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058193**

1. Entity Name

FAST MORTGAGE LENDERS, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 210

Suite, Apt. #, etc.

SUITE # 210

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0847007

Applied For

Not Applicable

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

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)

SUITE # 210

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D	STAHLER, ALAN	4400 N. FEDERAL HIGHWAY SUITE 120	BOCA RATON FL 33431	<input checked="" type="checkbox"/>
VPSD	LACHMAN, JOHN	4400 N. FEDERAL HIGHWAY, SUITE 210	BOCA RATON FL 33431	<input checked="" type="checkbox"/>
PTD	STAHLER, ALAN	4400 N. FEDERAL HIGHWAY, SUITE 210	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/19/01

Date

581-368-1130

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90063 001 ***150.00

00028150

DO NOT WRITE IN THIS SPACE

0000922

CR2E034 (10/00)