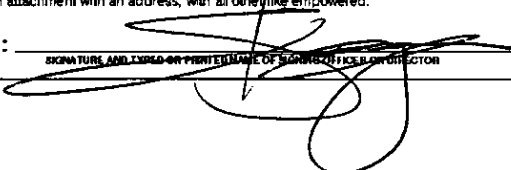


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90511 001 ***450.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

JJ000014

DOCUMENT # P99000015444			
1. Entity Name PERSONAL ASSET LENDERS, INC.			
Principal Place of Business 850 N STATE ROAD 7 PLANTATION, FL 33317		Mailing Address 850 N STATE ROAD 7 PLANTATION, FL 33317	
2. Principal Place of Business		3. Mailing Address 151 N. NOB HILL RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box PMB 274	
City & State		City & State PLANTATION FL	
Zip	Country	Zip	Country
33324	USA	33324	USA
4. FEI Number 65-0904412		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GOLDSTEIN, VICKIE 850 N STATE ROAD 7 PLANTATION, FL 33317		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning) DATE			
FILE NOW! Fee is \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, VICKIE 850 N STATE ROAD 7 PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTT KOGAN 151 N NOB HILL RD Box PMB 274 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date Daytime Phone #	

CR20034 (10/02)