

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031032

1. Entity Name: **OUTSIDE LENDING, INC.**

FILED
May 02, 2000 8:00 am
Secretary of State

02-02-2000 90123 049 ***150.00

Principal Place of Business
1040-94TH STREET
SUITE 1
BAY HARBOR FL 33154

Mailing Address
1040-94TH STREET
SUITE 1
BAY HARBOR FL 33154-2384



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2401 COLLINS AVE

3. Mailing Address
1215 LENOX AVE

Suite, Apt. #, etc.
C3

Suite, Apt. #, etc.

City & State
MIAMI BCH, FL.

City & State
MIAMI BCH, FL.

Zip
33140

Country
DADE/USA

Zip
33139

Country
DADE/USA

4. FEJ Number
65-0908297

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EISINGER, DENNIS J
4000 HOLLYWOOD BLVD.
SUITE 265-S
HOLLYWOOD FL 33021

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☒ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, without other filing empowered.

SIGNATURE: **Marie Rose Rivera**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # **(305) 992-8349**

CR2E034 (9/99)