

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90110 038 ***150.00

DOCUMENT # P99000031032

1. Entity Name
OUTSIDE LENDING, INC.

Principal Place of Business

2401 COLLINS AVE
C-3
MIAMI FL 33140

Mailing Address

1215 LENOX AVE
MIAMI FL 33139

2. Principal Place of Business

1356 SW 8 Street

3. Mailing Address

1356 SW 8 Street

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

Miami FL

City & State

Miami FL

Zip

33135

Country

DADE

Zip

33135

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI 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 *Marie R. Rivera*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Marie R. Rivera 1/9/01

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 P
NAME RIVERA, MARIE R
STREET ADDRESS 1215 LENOX AVE
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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: *Marie R. Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie R. Rivera 305-992-8349
Date Daytime Phone #

CR2E034 (10/00)