

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92207 032 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000036610			
1. Entity Name T C B LENDING CORP.			
Principal Place of Business 12515 N. KENDALL DR. #320 MIAMI, FL 33186		Mailing Address 12515 N. KENDALL DR. #320 MIAMI, FL 33186	
2. Principal Place of Business 12515 N. KENDALL DR. Suite, Apt. #, etc. 430A City & State MIAMI, FL Zip 33186 Country USA		3. Mailing Address 12515 N. KENDALL DR. Suite, Apt. #, etc. 430A City & State MIAMI, FL Zip 33186 Country USA	
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0912138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARAMIS, JOEL 12515 N. KENDALL DR. #320 MIAMI, FL 33186		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 <u>777</u> (NOTE: Registered Agent signature required when resigning) DATE <u>04.26.03</u> Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P ARAMIS, JOEL 12515 N. KENDALL DR., STE. 320 MIAMI, FL 33186 <input type="checkbox"/> Delete			
VP ARAMIS, DULCE 12515 N. KENDALL DR., STE 320 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete			
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: <u>777</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>04.26.03</u> <u>305.270.2626</u> Date Daytime Phone #	

CR2E034 (10/02)