## \$2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## May 13, 2003 8:00 am Secretary of State P99000061802 DOCUMENT # 05-13-2003 90051 007 \*\*\*150.00 1. Entity Name TRUTH IN LENDING CORP. Principal Place of Business Mailing Address 12386 S.W. 82ND AVENUE 12386 S.W. 82ND AVENUE MIAMI FL 33156 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0934128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBLES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 12386 S.W. 82ND AVENUE **MIAMI FL 33156** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE TITLE ROBLES, CARLOS NAME NAME 12386 S.W. 82ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ROBLER, CARRIE NAME NAME 12386 SW 82 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Appending for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for a witchiat my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE:

 I hereby certify that the information indicated on this report or supplier. changed, or on an attachm