

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068648

1. Entity Name

INTERNATIONAL LENDERS OF SOUTH FLORIDA, INC.

*f*

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90123 048 \*\*\*150.00

Principal Place of Business

2121 W. OAKLAND PARK BLVD.  
SUITE #6  
OAKLAND PARK FL 33311

Mailing Address

2121 W. OAKLAND PARK BLVD.  
SUITE #6  
OAKLAND PARK FL 33311

2. Principal Place of Business

2901 W. Oakland Park Blvd

3. Mailing Address

2901 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite A-9

Suite, Apt. #, etc.

Suite A-9

City & State

Oakland Park FL

City & State

Oakland Park FL

Zip

33311

Country USA

Broward

Zip

33311

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLIEN, DANIEL A  
2121 W. OAKLAND PARK BLVD.  
SUITE #6  
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name

GALLIEN, DANIEL A.

Street Address (P.O. Box Number is Not Acceptable)

2901 W. Oakland Park Blvd

Suite A-9

City

Oakland Park

FL

Zip Code

33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	GALLIEN, DANIEL A	
STREET ADDRESS	3001 N.E. 47TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLIEN, DOUGLAS	
STREET ADDRESS	2841 NORTH OCEAN BLVD. #2006	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

954-731-3713

Daytime Phone #