

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104085

1. Entity Name
MIDAS LENDING CORPORATION

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90083 021 ***150.00

Principal Place of Business
13499 BISCAYNE BLVD., #203
NORTH MIAMI FL 33181

Mailing Address
13499 BISCAYNE BLVD., #203
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
822 NE 125 STREET

3. Mailing Address
822 NE 125 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 109

SUITE 109

City & State
NORTH MIAMI, FL

City & State
NORTH MIAMI, FL

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number 65-0962937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFRANCE, ALPHONCIA
15120 NW 10TH CT.
MIAMI FL 33169

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 _____ (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 \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P LAFRANCE, ALPHONCIA 15120 N.W. 10TH CT MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alphoncia LaFrance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 305-899-2722
Date Daytime Phone #

CR2E034 (9/01)