

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90012 047 ***150.00

DOCUMENT # S36869

1. Entity Name

ARBOR LENDING CORP.

Principal Place of Business

Mailing Address

7500 N.W. 25 ST.
 SUITE 214
 MIAMI FL 33122
 US

7500 N.W. 25 ST.
 SUITE 214
 MIAMI FL 33122-1714
 US

804604

2. Principal Place of Business

7500 N.W. 25 ST

3. Mailing Address

7500 N.W. 25 ST

Suite, Apt. #, etc.

S (200)

Suite, Apt. #, etc.

S (200)

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

U.S.

Zip

33122

Country

U.S.

4. FEI Number

65-0252069

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

GONZALEZ, MARISABEL
 13472 BISCAYNE BLVD
 NO MIAMI FL 33181

Name

MARY-GONZALEZ

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

7500 N.W. 25TH ST SUITE 214

MIAMI, FL. 33122

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

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
 NAME PDS
 STREET ADDRESS GONZALEZ, MARISABEL
 CITY-ST-ZIP 7500 N.W. 25 ST., S-214
 MIAMI FL 33122

TITLE ☐ Change ☒ Addition
 NAME VT
 STREET ADDRESS MARY-GONZALEZ
 CITY-ST-ZIP 7500 NW 25TH STREET, STE. 214

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

(305) 406-2323

Daytime Phone #

CR2E034 (9/99)