

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90063 023 ***150.00

DOCUMENT # S36869

1. Entity Name

ARBOR LENDING CORP.

Principal Place of Business

7500 N.W. 25 ST.
 SUITE 200
 MIAMI FL 33122
 US

Mailing Address

7500 N.W. 25 ST.
 SUITE 200
 MIAMI FL 33122
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

GONZALEZ, MARISABEL
7500 NW 25TH ST STE 214
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

BERT GONZALEZ

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

7500 N.W. 25 STREET # 200

City

MIAMI

FL

Zip Code

33122

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

4-23-01

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, 2001 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

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MARISABEL	
STREET ADDRESS	7500 N.W. 25 ST., S-214	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MARY	
STREET ADDRESS	7500 NW 25TH ST STE 214	
CITY-ST-ZIP	MIAMI FL 33122	
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	Psd CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERT GONZALEZ	
STREET ADDRESS	7500 NW 25 ST # 200	
CITY-ST-ZIP	MIAMI FL 33122	
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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERT GONZALEZ

Date

Daytime Phone #

04-13-01 (305) 406-2323

CR2E034 (10/00)