

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33274**

1. Entity Name

CREDIT COMPANY OF MIAMI, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2060 BISCAYNE BLVD. 2ND FLOOR MIAMI FL 33137-5024	Mailing Address 2693 BISCAYNE BLVD MIAMI FL 33137-4533
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2. Principal Place of Business 2693 Biscayne Blvd Suite, Apt. #, etc.	3. Mailing Address 2060 BISCAYNE BLVD 2ND FL Suite, Apt. #, etc.
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City & State MIAMI FL 33137-4533	City & State MIAMI FL 33137-5024	4. FEI Number 65-0348959	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIEGER, STANLEY J
2060 BISCAYNE BLVD 2ND FLOOR
MIAMI FL 33137-5024

7. Name and Address of New Registered Agent

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. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	V55411 CREDIT COMPANY OF MIAMI, INC. 2060 BISCAYNE BLVD 2ND FLOOR MIAMI FL 33137-5024
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	800003290508--7 -06/15/00--01032--008
STREET ADDRESS	***150.00 ***150.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Stanley J. Krieger* **STANLEY J. KRIEGER, SECRETARY** Date: **4/28/00** Daytime Phone #: **305-576-1889**

(996) (13) F-1