

P96000103671

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: FIRST NATIONAL FINANCING SERVICES, INC. EIN or SS#: _____

Address: 3360 Coral Way, Suite 1
Miami, FL 33145

Amount: \$43.75 Date Paid: _____

Reason for Claim: The new name was not available. FIRST NATIONAL FINANCING SERVICES, INC. (DOCUMENT #P96000103671)

Certified true and correct this _____ day of _____, 19 _____.

Signature SEE ATTACHED LETTER

* Must be completed if authority is other than Section 215.26, Florida Statutes.

LFJ/AMENDMENT SECTION

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 43.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01077-015 *dated* 9-2-97

NAME OF ACCOUNT: _____
4520213000145300000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)



First National Factors

September 15, 1997

Department of State
Division of Corporations
Amendment Section
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment - First National Financing Services, Inc.

Dear Sir/Madam:

Please refund the check for \$43.75 I mailed to your offices for the Articles of Amendment. Since the name I requested is not available I no longer wish to change the name of the corporation.

Please remit payment to: **First National Financing Services, Inc.**
3360 Coral Way Suite 1
Miami, FL 33145

Thank you for your consideration.

Sincerely,

Daniel Rodriguez



First National Factors

August 29, 1997

Florida Department of State
Division of Corporations
Amendment Section
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment - First National Financing Services, Inc

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to the Articles of Incorporation of First National Financing Services along with a check in the amount of \$43.75 for the filing fee and for a certificate of status.

I can be contacted at (305)774-9955 or by mail at 3360 Coral Way Suite1, Miami, FL 33145.

Thank you in advance for your help.

Sincerely,

Daniel A. Rodriguez

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 10, 1997

Daniel A. Rodriguez
3360 Coral Way, Suite 1
Miami, FL 33145

SUBJECT: FIRST NATIONAL FINANCING SERVICES, INC.
Ref. Number: P96000103671

We have received your document for **FIRST NATIONAL FINANCING SERVICES, INC.** and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00044902