

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90009 033 \*\*\*150.00

**DOCUMENT # 192422**

1. Entity Name  
**BISCAYNE CREDIT, INC.**

Principal Place of Business C/O KIMBRELL & HAMANN,P.A. 799 BRICKELL PLAZA STE 900 BRICKELL CENTRE MIAMI FL 33131	Mailing Address C/O KIMBRELL & HAMANN,P.A. 799 BRICKELL PLAZA STE 900 BRICKELL CENTRE MIAMI FL 33131-2805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6161 Blue Lagoon Drive Suite, Apt. #, etc. Suite 350 City & State Miami FL Zip 33126 Country U.S.A.	3. Mailing Address c/o Kimbrell - Hamann P.A. 6161 Blue Lagoon Drive Suite, Apt. #, etc. Suite 350 City & State Miami FL Zip 33126 Country U.S.A.
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4. FEI Number 65-0032707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RESIDENT AGENTS CORPORATION OF FLORIDA**  
 STE 900 BRICKELL CENTRE, 799 BRICKELL PLAZ  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
**Resident Agents Corporation of Florida**  
 Street Address (P.O. Box Number is Not Acceptable)  
 6161 Blue Lagoon Drive  
 Suite 350  
 City  
 Miami FL Zip Code  
 33126

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 DATE **4/18/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ASHER, JAMES F</b> <b>799 BRICKELL PLAZA #900</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Asher, James F.</b> <b>6161 Blue Lagoon Drive</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CROWDER, JAMES F J</b> <b>799 BRICKELL PLAZA 900</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Crowder, James F.</b> <b>6161 Blue Lagoon Drive</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: DATE **4/18/00** DAYTIME PHONE # **305-358-8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)