

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 855500**1. Entity Name
DCA ACCEPTANCE CORP.

Principal Place of Business

730 NW 107TH AVE

MIAMI
33172

FL

Mailing Address

700 N.W. 107TH AVE.,4TH FL.

MIAMI
33172

FL

2. Principal Place of Business

730 NW 107TH AVE

3. Mailing Address

700 N.W. 107TH AVE.,4TH FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

59-2051167

Applied For

Not Applicable

Zip
33172Country
USZip
33172Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAIN DAVID B
700 N.W. 107TH AVE.,4TH FL.MIAMI
33172

FL

7. Name and Address of New Registered Agent

Name

MCCAIN DAVID BESQ.

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

700 N.W. 107TH AVE.,4TH FL.

City
MIAMI

FL

Zip Code
33172

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 **DAVID B. MCCAIN****01/23/2001**

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, 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	VS	<input type="checkbox"/> Delete
NAME	MODIST DEBRA	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DASV	<input type="checkbox"/> Delete
NAME	KAMINSKY, NANCY	
STREET ADDRESS	700 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REED LINDA	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVINE PATRICIA	
STREET ADDRESS	700 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	PEKOR ALLAN J.	
STREET ADDRESS	700 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST DEBRA	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ JANICE	
STREET ADDRESS	730 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DASV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED LINDA	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE PATRICIA	
STREET ADDRESS	730 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR ALLAN J	
STREET ADDRESS	730 NW 107TH AVE.,4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	

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: **Janice Munoz**

VT

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)