

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**

2. Principal Place of Business
2693 Biscayne Blvd

3. Mailing Address
2060 BISCAYNE BLVD 2ND FL

Suite, Apt. #, etc.

City & State
MIAMI FL 33137-4533

City & State
MIAMI FL 33137-5024

Zip Country Zip Country

4. FEI Number **65-0348959** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

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 ***150.00 ***150.00
STREET ADDRESS	
CITY - ST - ZIP	
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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* **General Partner** **4/28/00** **305-576-1889**
CREDIT COMPANY OF MIAMI, INC. SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
STANLEY J. KRIEGER, SECRETARY

(996) (13) F 3