

# 2001 UNIFORM BUSINESS REPORT (UBR)

000419 AF

DOCUMENT # **A33274**

1. Entity Name

**CREDIT COMPANY OF MIAMI, LTD.**

**FILED**

Principal Place of Business

**2693 BISCAYNE BLVD.  
MIAMI FL 33137-4533**

Mailing Address

**2693 BISCAYNE BLVD  
MIAMI FL 33137**

**01 MAR 19 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*ng*



2. Principal Place of Business

3. Mailing Address

**2060 Biscayne Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2nd FL**

City & State

City & State

**Miami, FL**

4. FEI Number

**65-0348959**

Applied For

Not Applicable

Zip

Country

Zip

**33137--**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**800003907248--5  
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\*\*\*\*150.00 \*\*\*\*150.00**

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.

**CREDIT COMPANY OF MIAMI, INC. GENERAL PARTNER**

SIGNATURE: By

*Stanley J. Krieger*  
**STANLEY J. KRIEGER, Secy**

General Partner

3/9/01

305-576-1889

Date

Daytime Phone #

CR2E003 (11/00)