

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33274

1. Entity Name
CREDIT COMPANY OF MIAMI, LTD.



FILED
03 MAY -2 PM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2693 BISCAYNE BLVD.
MIAMI FL 33137-4533

Mailing Address
2060 BISCAYNE BLVD., 2ND FLOOR
MIAMI FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0348959

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIEGER, STANLEY J
2060 BISCAYNE BLVD 2ND FLOOR
MIAMI FL 33137-5024

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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

13. ADDRESS CHANGES ONLY

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

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
STANLEY J. KRIEGER, Secretary

04/25/03 (305) 576-1889

Date

Daytime Phone #

CR2E003 (10/02)

0009835 AT