

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90050 041 ***550.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000001843

1. Entity Name

BAT VIEW ACCEPTANCE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
818 OAKPARK ROAD

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4579

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COVINA, CA

City & State
COVINA, CA

4. FEI Number
94-3292819

Applied For
Not Applicable

Zip
91723

Country
US

Zip
91723

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VALDES-FAULI CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
777 S. FLAGLER DRIVE, SUITE 500E

City
WEST PALM BEACH FL Zip Code
33401

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. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Badame, James A. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Cooper, Charles, G. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Reed, Ronald L. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Halachukas, Robert A. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Catalano, Joseph J. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Flashner, Michael E. 1840 Gateway Drive San Mateo, CA 94404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph J. Catalano

7/2/02 (650) 312-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)