2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 02, 2001 8:00 am Secretary of State **DOCUMENT # G81985** 1. Entity Name AUTO PREMIUM FINANCE CORP. 05-02-2001 90071 049 ***150.00 Mailing Address Principal Place of Business 2500 NW 79 AVE 2500 NW 79 AVE MIAMI FL 33122 MIAMI FL 33122 B0043902 HS US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2343066 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVAREZ, ANETTE R. MCGOUGHLIN, LINDA G Street Address (P.O. Box Number is Not Acceptable) 2500 NW 79TH AVE same MIAM! FL 33122 Zip Code City pose of changing its registered office or registered agent, or both, in the State of Florida. ment for the 8. The above nar ed entity submits <u>4/27/01</u> SIGNATURE DATE ed agent and ti if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition X Delete TITLE TITLE PRADO, ZUNILDA NAME NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ☐ Addition ☐ Change TITLE Delete TITLE NAME TORGAS, ED S. NAME STREET ADDRESS STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE DC-Delete Delete TITLE NAME ALVAREZ, JOSE NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33122 ☐ Addition Change ☐ Celete TITLE TITLE NAME VALDES-FAULI, MARLEN NAME STREET ADDRESS STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change 🛅 Delete TITLE TITLE MCLONGHLIN, LINDA G NAME NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ☐ Change ☐ Addition ☐ Delete TITLE VAS TITLE NAME NAME SOTO, JOHN M STREET ADDRESS STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** 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

4/27/01 (305)715-0000 Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO