

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H76058**1. Entity Name  
DCA CML ACCEPTANCE, INC.

## Principal Place of Business

700 NW 107 AVE

MIAMI  
33172

FL

## Mailing Address

% DAVID B. MCCAIN, ESQ.

700 N.W. 107TH AVENUE

MIAMI  
33172

FL

## 2. Principal Place of Business

730 NW 107 AVE

## 3. Mailing Address

% DAVID B. MCCAIN, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700 N.W. 107TH AVENUE

## City &amp; State

MIAMI

FL

## City &amp; State

MIAMI

FL

Zip  
33172Country  
USZip  
33172Country  
US

## 4. FEI Number

59-2581647

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.  
700 N.W. 107TH AVENUEMIAMI  
33172

FL

US

## 7. Name and Address of New Registered Agent

## Name

MCCAIN DAVID BESQ.

## Street Address (P.O. Box Number is Not Acceptable)

700 N.W. 107TH AVENUE

City  
MIAMI

FL

Zip Code  
33172

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 **DAVID B. MCCAIN****01/25/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	REED LINDA	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	KAMINSKY, NANCY	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MODIST DEBRA	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	PEKOR ALLEN J.	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVINE PATRICIA	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED LINDA	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ JANICE	
STREET ADDRESS	730 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST DEBRA	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR ALLEN J	
STREET ADDRESS	730 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE PATRICIA	
STREET ADDRESS	730 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	

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

SIGNATURE: Janice Munoz

VT

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)