

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90293 029 ***150.00

DOCUMENT # J98152

1. Entity Name

PERSONAL FINANCE COMPANY

Principal Place of Business

**8788 SW 8TH ST
 MIAMI FL 33174
 US**

Mailing Address

**8788 SW 8TH ST
 MIAMI FL 33174
 US**

330314

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0006713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, LAURA
 8788 SW 8 STREET
 MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

Blanca Garcia-Loo

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

953 S.W. 122 Avenue

City

Miami

Fl.

Zip Code
33184

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

Blanca Garcia-Loo

4-01-01

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, LAURA	
STREET ADDRESS	8788 SE 8 ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GARCIA-LOO, BLANCA E	
STREET ADDRESS	8788 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia-Loo, Blanca E.	
STREET ADDRESS	953 SW 122 Ave.	
CITY-ST-ZIP	Miami, FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE:

Blanca Garcia-Loo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-01 305-559-2727

Date Date of Filing

CR2E034 (10/00)