

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010350

1. Entity Name
FINANCIAL AUTOMOTIVE LENDING, L.C.

Principal Place of Business
708 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

Mailing Address
708 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISLER, MICHAEL J
1290 WESTON ROAD, SUITE 314
WESTON FL 33326

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

708 West Oakland Park Blvd
City Fort Lauderdale FL Zip Code 33311

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

President

(NOTE: Registered Agent signature required when reinstating)

4/19/2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President/manager ☐ Delete
NAME Louis A. Carrio
STREET ADDRESS 2641 Miller Court
CITY-ST-ZIP Weston, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/2001 954-5655771
Date Daytime Phone #

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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