

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90066 041 \*\*\*158.75

**DOCUMENT # L26134**

1. Entity Name

**THIRD NATIONAL ACCEPTANCE CORP.**

Principal Place of Business

Mailing Address

1801 N.W. FIRST ST  
 DANIA FL 33004  
 US

KOPEWITZ SAAVEDRA & PELOSI  
 312 SE 17TH STREET, 2ND FLOOR  
 FT LAUDERDALE FL 33316  
 US

2. Principal Place of Business

**SAAVEDRA, PELOSI & GOODWIN**

3. Mailing Address

**SAAVEDRA, PELOSI & GOODWIN**

Suite, Apt. #, etc.

**312 SE 17th ST**

Suite, Apt. #, etc.

**312 SE 17th ST**

City & State

**FT LAUDERDALE, FL**

City & State

**FT LAUDERDALE, FL**

Zip

**33316**

Country

**UNITED STATES**

Zip

**33316**

Country

**UNITED STATES**

4. FEI Number

**65-0165169**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAAVEDRA, DAMASO W., ESQUIRE**  
**312 SE 17TH ST**  
**2ND FLOOR**  
**FT LAUDERDALE FL 33316**

Name

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

City

**FL**

Zip Code

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) ☐

**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          | <b>P</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MOGERMAN, IRWIN R.</b> |                                 |
| STREET ADDRESS | <b>1801 N.W. FIRST ST</b> |                                 |
| CITY-ST-ZIP    | <b>DANIA FL 33004</b>     |                                 |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>ROSS, JULES R.</b>     |                                 |
| STREET ADDRESS | <b>1801 N.W. FIRST ST</b> |                                 |
| CITY-ST-ZIP    | <b>DANIA FL 33004</b>     |                                 |
| 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    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jules R. Ross**

**1/17/01**

**954 767-6333**

Daytime Phone #

CR2E034 (1/0/00)