

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90120 031 ***150.00

0176491

DOCUMENT # M94443

1. Entity Name

FLORIDA AUTOMOBILE FINANCE CORPORATION

Principal Place of Business

**2215 N.W. 36TH STREET
MIAMI FL 33142**

Mailing Address

**2215 N.W. 36TH STREET
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0070631**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MADAN, NORMAN L.
2199 NW 36 ST.
MIAMI FL 33142**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	TD			
	ECHTENTHAL KENNYE			
	2215 NW 36TH ST.			
	MIAMI FL			

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	P			<input type="checkbox"/> Delete
NAME	FRIED, JACK			
STREET ADDRESS	2199 NW 36TH ST.			
CITY - ST - ZIP	MIAMI FL			

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE	VD			<input type="checkbox"/> Delete
NAME	GAMWELL, TIM			
STREET ADDRESS	253 N.E. 73RD ST			
CITY - ST - ZIP	MIAMI FL			

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE	S			<input type="checkbox"/> Delete
NAME	BYER, ANNE			
STREET ADDRESS	2215 N.W. 36TH ST.			
CITY - ST - ZIP	MIAMI FL			

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE	C			<input type="checkbox"/> Delete
NAME	MADAN, NORMAN			
STREET ADDRESS	2199 NW 36TH ST			
CITY - ST - ZIP	MAIMI FL			

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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					

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

Tim Gamwell

Date

3/19/01

Daytime Phone #

305-638-2010

CR2E034 (10/00)