

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000233

1. Entity Name

CARTEMPS FINANCING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

mf

DO NOT WRITE IN THIS SPACE

Principal Place of Business
c/o Lord Securities
Two Wall Street, 7th Fl
New York, NY 10005 33301

Mailing Address
c/o Lord Securities
Two Wall Street, 7th Fl
New York, NY 10005 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1930027

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME Hyle, Kathleen W.
STREET ADDRESS 200 S. Andrews Ave.
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE MGR ☐ Change ☒ Addition
NAME Fioravanti, Albert J.
STREET ADDRESS Two Wall Street
CITY-ST-ZIP New York, NY 10005

TITLE MGR ☒ Delete
NAME Schwartz, Howard D.
STREET ADDRESS 200 S. Andrews Ave.
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME 100003415891--4
STREET ADDRESS -10/05/00--01122--002
CITY-ST-ZIP *****61.25 *****61.25

TITLE MGR ☐ Delete
NAME Sorensen, Peter H.
STREET ADDRESS 200 S. Andrews Ave.
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME Two Wall Street
STREET ADDRESS Two Wall Street
CITY-ST-ZIP New York, NY 10005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Peter H. Sorensen, Manager

Date

Daytime Phone #

9/19/00 212-346-9000

CR2E083 (1/199)