

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 8:00 am
Secretary of State**

02-05-2001 90077 032 ***150.00

DOCUMENT # P00000014965

1. Entity Name

COURTESY FINANCIAL SERVICES, INC.

Principal Place of Business

**10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173-3038**

Mailing Address

**10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173-3038****710469**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12515 NO. KENDALL DR

3. Mailing Address

"SAME AS (2)"

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0983119

Applied For

Not Applicable

Zip

33186

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIMENTEL, AIDA M
% PASTOFF, BARJA, KELLY & CP.
10300 SUNSET DRIVE, SUITE 135
MIAMI FL 33173-3038**

7. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PIMENTEL, AIDA M	
STREET ADDRESS	10300 SUNSET DRIVE SUITE 135	
CITY-ST-ZIP	MIAMI FL 33173-3038	

TITLE	SVD	<input type="checkbox"/> Delete
NAME	NOYA, ORLANDO	
STREET ADDRESS	10300 SUNSET DRIVE SUITE 135	
CITY-ST-ZIP	MIAMI FL 33173-3038	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12515 NO. KENDALL DR. #305	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12515 NO. KENDALL DR. #305	
CITY-ST-ZIP	MIAMI, FL 33186	

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

Date

Daytime Phone #

1/23/01**305-274-4525**