

08-08-2002 90089 001 \*\*\*558.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 9000000 19100  
 1. Entity Name  
 CAPITAL CHOICE CONSUMER CREDIT, INC. ✓  
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9590 N.W. 25th Street  
 Suite, Apt. #, etc.  
 City & State  
Miami, FL.  
 Zip  
33172  
 Country  
USA

3. Mailing Address  
9590 N.W. 25th Street  
 Suite, Apt. #, etc.  
 City & State  
Miami, FL.  
 Zip  
33172  
 Country  
USA

4. FEI Number  
65-0987834  
 Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
DIANE M. TRAINOR, ESQUIRE  
 Street Address (P.O. Box Number is Not Acceptable)  
9200 South Dadeland Blvd.,  
Suite 700  
 City  
Miami **FL** Zip Code  
33156

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] Diane M. Trainor 8/1/02  
Signature, hand or typed 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D, P</u> <u>MARTINEZ, RICARDO</u> <u>9590 N.W. 25th Street</u> <u>Miami, FL. 33172</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with or without like empowerment.

SIGNATURE: [Signature] 8/2/02 305-123-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
RICARDO MARTINEZ

CR2E034B (12/01)