

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038707

1. Entity Name

FIRST CREDIT FINANCIAL CORPORATION

Principal Place of Business

7512 SW 95 PLACE  
MIAMI FL 33173

Mailing Address

7512 SW 95 PLACE  
MIAMI FL 33173

2. Principal Place of Business

15150 NW 79<sup>th</sup> Court

3. Mailing Address

15150 NW 79<sup>th</sup> Court

Suite, Apt. #, etc.

Suite 195

Suite, Apt. #, etc.

Suite 195

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

05-1004887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOBCHI, EILEEN B  
7512 SW 95 PLACE  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Tobchi, Eileen B

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

15150 NW 79<sup>th</sup> Court

Suite 195

City

miami Lakes

FL

Zip Code

33016

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 P.D.S.  
NAME Eileen B. Tobchi  
STREET ADDRESS 15150 NW 79<sup>th</sup> Court #195  
CITY-ST-ZIP Miami Lakes, FL 33016 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

Eileen B. Tobchi

3/6/01

Date

Daytime Phone #

305-275-6713

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90489 040 \*\*\*150.00

A0054361



DO NOT WRITE IN THIS SPACE

0217245

CR2E034 (10/00)