

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90835 001 \*\*\*150.00

**DOCUMENT # P00000047750**

1. Entity Name

**SUBPRIME USA, INC.**

Principal Place of Business

Mailing Address

**2201 CORPORATE BLOVD., SUITE 103  
 BOCA RATON FL 33431**

**2201 CORPORATE BLOVD., SUITE 103  
 BOCA RATON FL 33431**

548726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**855 SOUTH FEDERAL HWY  
 SUITE 211**

**855 SOUTH FEDERAL HWY  
 SUITE 211**

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number  
**65-1013080**

Applied For  
 Not Applicable

Zip  
**33432**

Country  
**USA**

Zip  
**33432**

Country  
**USA**

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

**BEYER, STEPHEN  
 2201 CORPORATE BLOVD., SUITE 103  
 BOCA RATON FL 33431**

Name **RANDY MOTOOKA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**855 SOUTH FEDERAL HWY  
 SUITE 211**  
 City **BOCA RATON FL** Zip Code **33432**

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	<b>D BEYER, STEPHEN 2201 CORPORATE BLOVD., SUITE 103 BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RANDY MOTOOKA 855 SOUTH FEDERAL HWY #211 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**RANDY MOTOOKA President 4/24/01 561-620-5630**

CR2E034 (10/00)