2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 22, 2002 8:00 am Secretary of State P00000047750 DOCUMENT # 1. Entity Name SUBPRIME USA, INC. 03-22-2002 90062 025 ***150 00 Principal Place of Business Mailing Address 855 SOUTH FEDERAL HWY 855 SOUTH FEDERAL HWY **SUITE 211** SUITE 211 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 8281 HW SIST MANOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-1013080 CORAL SPRINGS FloRiOA Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>33067</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATOOKA, RANDY Street Address (P.O. Box Number is Not Acceptable) 855 SOUTH FEDERAL HWY SUITE 211 **BOCA RATON FL 33432** City 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. SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLS ☐ Delete ☐ Change ☐ Addition MOTOOKA, RANDY NAME NAME 855 S. FEDERAL HWY #211 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CIP:-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of 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.

FILED