


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91501 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000047750**

1. Entity Name  
**SUBPRIME USA, INC.**



Principal Place of Business  
**855 SOUTH FEDERAL HWY  
 SUITE 211  
 BOCA RATON, FL 33432**

Mailing Address  
**8281 NW 51ST MANOR  
 CORAL SPRINGS, FL 33067**

**10089296**



2. Principal Place of Business  
**3175 S. Congress Ave  
 SUITE 301**

3. Mailing Address  
**3175 S. Congress Ave  
 SUITE 301**

CHECK HERE IF MAKING CHANGES

City & State  
**PALM SPRINGS, FL**

City & State  
**PALM SPRINGS, FL**

4. FEI Number  
**65-1013080**

Applied For  
 Not Applicable

Zip  
**33461**

Country  
**USA**

Zip  
**33461**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MATOOKA, RANDY  
 3175 S. CONGRESS AVE., STE. 308  
 PALM SPRINGS, FL 33461**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEES \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTOOKA, RANDY 855 S. FEDERAL HWY #211 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy Motooka **RANDY MOTOOKA** 4-26-03 561-963-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #