

DOCUMENT # P00000091942

1. Entity Name

BEST AUTO FINANCE, INC.

1. Entity Name
BEST AUTO FINANCE, INC.

Principal Place of Business	Mailing Address
5895 NW 167TH ST. MIAMI FL 33015	5895 NW 167TH ST. MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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ESTEVE, JERONIMO 5895 NW 167TH ST. MIAMI FL 33015	Name	P4
	Street Address (L	
		5
	City	

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]* DATE 1-25-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p align="right">\$5.00 May Be Added to Fees</p>
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11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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[illegible][illegible]

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]* 1/25/01 305 364 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90100 011 ***150.00

UUU1109U



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1047702	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

141P D. LYNCH
(O. Box Number is Not Acceptable)
395 NW 167TH ST.
MIAMI FL Zip Code 33015

and agent, or both, in the State of Florida.

when reinstating) 1-25-01 DATE

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

Section 119.07(3)(i), Florida Statutes. I further certify that the information has the same legal effect as if made under oath; that I am an officer or director of the company; and that my name appears in Block 11 or Block 12 if

1/25/01 305 364 9900
Date Daytime Phone #

CR2E034 (10/00)