

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90109 044 \*\*\*150.00

**DOCUMENT # P01000058256**

1. Entity Name  
**AUTO FINANCE 4-U, CORP**



Principal Place of Business  
**3501 NW 32ND AVENUE  
MIAMI FL 33142**

Mailing Address  
**3501 NW 32ND AVENUE  
MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1123830**

Applied For  
Not Applicable

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

**PUIG, NOEL R OEL  
3501 NW 32ND AVENUE  
MIAMI FL 33142**

Name  
**PONCE DE LEON, LINDA V.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501 NW 32ND AVENUE**  
City **MIAMI** FL Zip Code **33142**

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

SIGNATURE **X** **LINDA V. PONCE DE LEON** **1/14/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$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 10

TITLE **PD**  
NAME **PUIG, NOEL R**  
STREET ADDRESS **3501 NW 32ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33142** ☒ Delete

TITLE **PD**  
NAME **JOSE I. GONZALEZ**  
STREET ADDRESS **3501 NW 32ND AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33142** ☐ Change ☒ Addition

TITLE **SVD**  
NAME **PONCE DE LEON, LINDA V**  
STREET ADDRESS **3501 NW 32ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33142** ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03** **(305) 635-2507**  
Date Telephone #